

Education Completed: 8th Grade High School College Other _____
(specify)

Do you speak another language? No Yes _____
(specify)

Personal Information:

What talents, hobbies or interests do you have which you could share with others?

Where did you hear about the Volunteer Support Project?

Why do you wish to volunteer for the Volunteer Support Project?

Type of volunteer work you are available for? In-Home Telephone Reassurance
 Nursing Home Senior Center

Availability:

- Monday Time: _____
- Tuesday Time: _____
- Wednesday Time: _____
- Thursday Time: _____
- Friday Time: _____
- Saturday Time: _____
- Sunday Time: _____

In what Neighborhoods / Communities would you most like to work?

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Please give two (2) personal references (other than family)

1.) Name _____

Address: _____
(street) (city) (state) (zip code)

Telephone #: _____ Relationship: _____ Yrs. Known: _____

2.) Name _____

Address: _____
(street) (city) (state) (zip code)

Telephone #: _____ Relationship: _____ Yrs. Known: _____

Have you ever left a voluntary or paid position in a child care, health care or human services agency other than by voluntary resignation? No Yes

If yes, please explain _____

Have you ever been convicted of a crime in New York State or elsewhere? No Yes

If yes, please explain _____

I hereby state that the information I have provided on my volunteer registration form is true, and I understand that continued association with The Volunteer Support Project is predicated on that fact.

Signature: _____ Date: _____

For Office Use Only

In Person Interview Conducted: _____ Volunteer # _____

Telephone Interview Conducted: _____ Date: _____

VSP Staff Initials: _____