



Serving Elders and Their Families
Throughout the Capital Region

VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY

Name _____
Last First MI

Home Address _____

City _____ State _____ Zip _____

Telephone Numbers: Home _____ Work _____
Cell _____ Fax _____

E-mail: _____

May we contact you at work? Yes No Can you make calls from work? Yes No

In case of emergency, who should we contact?

Name _____ Relationship _____ Phone # _____

What volunteer opportunities are you interested in pursuing?

Meals on Wheels Delivery Grocery Shopping Assistance Friendly Home Visiting

Health Insurance Outreach , Education & Counseling

EMPLOYMENT HISTORY: I am currently employed. Yes No Retired

Occupation	Employer Name Address	Hire Date End Date	Position & Job Title	Supervisor Name	Phone Number

EDUCATIONAL BACKGROUND

Name of High School _____ Years Completed _____

Name of College _____ Years Completed _____

Did you receive a degree? Yes No If so, what type of degree? _____

Field of Study _____

Do you hold a current driver's license? Yes No If yes, which state? _____

Driver's License Number _____ Date of Birth _____

Have you ever had your driver's license suspended or revoked? Yes No

If yes, please explain _____

(over)

VOLUNTEER EXPERIENCE: Do you have any volunteer experience? Yes No
 If yes, please list below, beginning with most recent experience

Organization & Address	Position & Responsibility	Supervisor/ Contact	Telephone	Begin Date/ End Date

How did you hear of Senior Services of Albany? _____

Why are you interested in volunteering for Senior Services of Albany? _____

Have you ever been asked to relinquish a volunteer position? Yes No

Are you currently charged with or have been convicted of a criminal offense, including, but not limited to, criminal neglect, abuse, or assault? Yes No

If you answered yes to either of the above two questions, please explain on an attached sheet.

Do you agree to disclose any future criminal convictions or violations? Yes No

PERSONAL REFERENCES: Please provide three non-family references.

NAME	EMAIL ADDRESS	PHONE	RELATIONSHIP

May we publicize your name or photo to promote our volunteer programs? Yes No

If you would like to include additional information about yourself, please do so on an additional sheet of paper.

I AFFIRM THAT I HAVE REVIEWED THIS ENTIRE FORM AND ATTEST THAT ALL STATEMENTS MADE ON THIS APPLICATION (INCLUDING ANY ATTACHED PAPERS) ARE TRUE, AND I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR MAY RESULT IN MY IMMEDIATE DISMISSAL AS A VOLUNTEER.

PLEASE NOTE WE EXPECT THAT YOU ARE COVERED BY AUTO INSURANCE AS REQUIRED BY NYS LAW AND THAT YOU WILL BE DRIVING YOUR VEHICLE WHILE VOLUNTEERING AT YOUR OWN RISK. IF THE STATUS OF YOUR DRIVER'S LICENSE OR INSURANCE CHANGES, YOU MUST NOTIFY THE OFFICE IMMEDIATELY.

Applicant's Signature _____ Date _____

Return to: SSA, Volunteer Services, 20 Rensselaer St – 2D, Albany, NY 12202 or 518.432.0813 (fax)