



Offering Choice, Independence and Dignity



Administrative Offices:
32 Essex Street
Albany, NY 12206
518-465-3322 (P)
518-465-6188 (F)

VOLUNTEER APPLICATION

GENERAL:				
Name:			Today's Date	
Mailing Address:			Daytime Phone:	
City:	State:	Zip:	Evening Phone:	
Email:				
Have you ever volunteered for SSA or Cohoes Senior Center before? If yes, give dates, programs and position:				
YES				
NO				
VOLUNTEER POSITION: Please check your area of interest:				
<input type="checkbox"/> Administrative/Clerical		<input type="checkbox"/> Adult Day Program		
<input type="checkbox"/> Development/Fundraising		<input type="checkbox"/> HIICAP (Health Insurance)		
<input type="checkbox"/> Meal (Congregate) Sites		<input type="checkbox"/> Meals On Wheels Drivers		
<input type="checkbox"/> Senior Center		<input type="checkbox"/> Telephone Reassurance		
Availability:				
<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
Mornings	Mornings	Mornings	Mornings	Mornings
Afternoons	Afternoons	Afternoons	Afternoons	Afternoons
	Evenings	Evenings	Evenings	
List your volunteer, paid or educational experiences that relate to the volunteer position you seek				
Organization/Employer		Position/Activity		Dates
Describe any education or training that you have related to the volunteer position you seek. Also, describe any special skills, experiences or interests along with hobbies, licenses, certifications or or interests you consider relevant.				

Accomodations: Given the expectations of the volunteer position for which you are applying, describe any physical or health accomodations that may be needed to allow you to participate in the activity.

References: Please list 3 people, NOT related to you who have known you at least three years that we may contact who have knowledge of your qualifications. Please provide complete addresses.

<i>Name</i>	<i>Mailing Address</i>	<i>Phone</i>

Have you ever been convicted of a criminal offense other than a minor traffic violation?
_____ Yes _____ No if yes, Date(s) _____

Note: A criminal record will not necessarily bar an applicant. A criminal record will be considered as it relates to the requirements of the volunteer position for which you have expressed an interest.

Do you possess a valid NYS Driver's License? _____ Yes _____ No

I affirm that the statements made on this application are true to the be of my knowledge. I understand that misrepresentation or omission of facts requested is cause for my non-appointment or removal as a SSA/Cohoes Senior Centervolunteer. I authorize LifePath to obtain from all persons, including those not name here and/or agencies and other information relative to my suitability perform the duties of the volunteer position. I understand, if the volunteer positions I seek involves unsupervised work with minors, individuals over 65, or individuals with disabilities that a criminal background check including a sexual offender search will be made. I further release all parties supplying said information from all liability and responsibility arising from their supplying said information.

I understand and agree that the volunteer positions at SSA or Cohoes Senior Center for which I am applying, is without compensation or benefits of any kind. I further understand that the provisions of this application does not constitute a contract (either expressed or implied) of employment between SSA or Cohoes Senior Center and me. I further understand and agree that if I am offered and accept a volunteer position at SSA or Cohoes Senior Center, either I or SSSA or Cohoes Senior Center may terminate the volunteer relationship at any time for any reason or for no participate reason or cause. LifePath reserves theright to determine and change it's policies and procedures applicable to volunteers at any time for any reason.I understand and agree that my volunteer position is contingent upon completing the volunteer application, positive reference checks, background checks and successfully completing volunteer orientation.

Signature: _____ Date: _____

If under 18 years of age, Parent/Guardian Signature: _____

Emergency Contact-In case of emergency, please contact:

Name: _____ Relationship: _____

Phone: _____ Alternative Number: _____