

Volunteer Application

The Albany & Schenectady Damien Centers

~~ Please Print Clearly ~~

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Home E-mail: _____

Month of Birth: _____ Day of Birth: _____

Employer: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Work E-mail: _____

May we contact you at work? Yes No

1. Do you speak any language other than English fluently? (Please List) _____

2. Education

Degree _____ School: _____ Major: _____

Degree _____ School: _____ Major: _____

Degree _____ School: _____ Major: _____

3. What are some skills and experience you feel would be helpful at the Damien Center?

4. My reasons for wanting to become a volunteer at the Damien Center are:

5. Please give a description of your current employment, affiliations with area organizations, and/or any experience with working with persons living with HIV/AIDS.

6. Please list volunteer activities:

Area(s) of Interest:

Member Services

- Living Room Host
- Guest Transportation
- Dinners/Food Preparation
- Holistic Therapy (please list)

Treasure Chest Thrift Store

- Store Staff
- Donation pickup

General Operations

- Office Help Fundraising
- Advertising Cleaning
- Outside yard work

PAWS

- In home pet care (cats, birds, fish)
- Dog walking
- Transportation to vets/groomers

Other (please list)

- _____
- _____

Availability: What times/days you would be available to volunteer between 9 AM & 9 PM?

	Monday		Tuesday		Wednesday		Thursday	
Morning	AM to	AM	AM to	AM	AM to	AM	AM to	AM
Afternoon	PM to	PM	PM to	PM	PM to	PM	PM to	PM
Evening	PM to	PM	PM to	PM	PM to	PM	PM to	PM
	Friday		Saturday		Sunday			
Morning	AM to	AM	AM to	AM	AM to	AM	AM to	AM
Afternoon	PM to	PM	PM to	PM	PM to	PM	PM to	PM
Evening	PM to	PM	PM to	PM	PM to	PM	PM to	PM

I expect to devote approximately _____ volunteer hours per month to Albany Damien Center

(we ask that our volunteers devote at least 2 times per month for a total of 8 hours (can be 4 hours each time or split into other days)

References: Please include one professional and one personal reference.

1. Name: _____ Phone: _____

E-mail _____

Relationship _____

2. Name: _____ Phone: _____

E-mail _____

Relationship _____

Have you ever been arrested for an offense that is pending or has resulting in a conviction? Yes No

If yes, please state offense: _____

Note: not all offenses will preclude you from volunteering.

Emergency Contact – Please list who we should contact in the event of an emergency

1. Name: _____ Phone: _____ Relationship _____

2. Name: _____ Phone: _____ Relationship _____

Agreement:

I attest that all the information given in this application is true. I understand the importance of volunteerism and the work that I will do with the Damien Center. I will make every effort to notify the Damien Center of change(s) of address/contact information, availability, or any other information that I have provided on this form. I will allow my phone number and e-mail information to be shared with other Damien Center Volunteers/Staff. **Upon acceptance as an Albany Damien Center volunteer, I agree to hold Albany Damien Center harmless for any and all situations arising from Albany Damien Center business.**

Signature _____

Printed Name _____

Date _____

Please return this form to:

The Albany Damien Center, 646 State Street, Albany, NY 12203
Phone: 518/449-7119, Fax: 518/449-7881

Office Use Only Below This Line

References Checked Date: _____ Staff _____ Application received on: _____

Notes:

Telephone Interview Date: _____ Staff _____ Notes:

Interview Date: _____ Staff: _____ Notes:

Volunteer Accepted on: _____