

Volunteer Information Form

305 Seventh Avenue, 14th Floor • New York, NY 10001 • phone 212-645-3444 • fax 212-477-4663

PLEASE NOTE:

The information you provide on this sheet enables us to send you our listings of volunteer opportunities and other correspondence and assists us in helping you find suitable volunteer projects. Please complete it in its entirety.

PERSONAL INF	ORMATION	PLE	ASE PRINT LEG	3 I B L Y				
Rev/Ms./Dr/Etc.	First Name	Middle Initial	Last Name			Jr/III/	Ph.D/Etc.	
PREFERRED MAILING ADDRESS						Telephone / E-Mail		
Street					Day		Ext	
Apt, Floor, Suite,	, Etc.			Apt. E	ening		Ext	
City / State / Zip				-	ax			
BUSINESS INFORMATION						Preferred E-Mail. Please print your email address clearly.		
Company					Please no	te: The minimum a	age requirement	
Title				۷ 1	olunteer f 8. Volunte	or most projects a eer opportunities fo	t The Partnership or those under 18	
EMERGENCY IN	NFORMATION	In the event of an emerger	cy, please contact:	V	viii be disc	cussed at the Oper	i nouse.	
Name		Phone	Relatio	onship				
How did you lea	arn about The Partner	ship for the Homeless?	□ Friend □ Media □	Office/Work	□ Inte	rnet Other		
DEMOGRAPHIC	INFORMATION (this	section is optional)						
	for the Homeless is decowing optional section:	dicated to developing a volu	unteer base as diverse as the			help us chart ou	r progress by	
Date of birth:	// Gender	: □ Male □ Female □ Tran	Check here if youngender	u have ever b	een	□ homeless□ a client of the	e Partnership	
VOLUNTEER IN	TERESTS							
□ Advo	K ALL THAT APPLY ocacy kforce Development/Er	□ HIV/AIDS nployment	□ Children/Youth	□ Educati	on	□ Office		
□ One □ One	D IN THE FOLLOWING volunteer shift a week shift a month w shifts a year	□ A single volunt□ Committing to	ING (please check all that a geer shift at a time a regular schedule of shifts pervising other volunteers	pply)				
		use check all that apply): Weekday—9am-Noon	□ Weekday—Noon-5pm	□ Weekda	ay eve.	□ Saturday	□ Sunday	

--- Please fill out additional information in the back ---



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SKILLS						
I have skills in the following	••					
☐ Administrative/Office	□ Desktop publishing	□ Painting	□ Spanish	□ Languages:		
☐ Arts/Crafts	☐ Graphic Design	□ Performing Arts	☐ Teaching/Tutoring			
□ Computers/Technology	☐ Murals/Art	□ Photography	□ Training	☐ Other:		
☐ Construction/Carpentry	☐ Musical Instruments	☐ Public Speaking	☐ Video/Film			
ADDITIONAL INFORMATION						
The Partnership for the Homel regulation, and must ask you t present time. Thank you for you	o provide the following informa					
DECLARATION OF CONVICTION List below any convictions for anywhere. If you have no continuous to the continuous continuous transfer and the continuous transfer and the continuous transfer and the continuous transfer and transfe	violations of law (other than tr	affic violations) in this state or	elsewhere, and all currentl		ments	
Date of Conviction	Offense	Court & Location	Dispos	Disposition & Penalty		
CHILD ABUSE AND MALTRI 1. Are you the subject of an in Maltreatment (SRC) or elsewh	dicated child abuse and maltre	eatment report on file with the	New York Central Registry □ Yes □ No	of Child Abuse and		
If yes, please provide date(s),	description(s) and explanation	n(s) of incident(s) – use additio	onal sheets if necessary.			
2. Have you ever been termina maltreatment in New York Sta If yes, please provide date(s),	te or elsewhere?		□ Yes □ No	nployer for child abuse and	d/or	
REFERENCES (please list tv	vo)					
Name	Address	Phone		Relationship		
Name	Address	Phone		Relationship		
WAIVER I understand that I am a volunteer as a volunteer, I hereby agree to claims for any and all expenses, porganizers to use photographs, porganizers to the Homeless.	elease, indemnify and hold harm personal injury, loss or damages i	less The Partnership for the Homo ncurred or caused by me during o	eless and its agents, affiliates or in connection with my volun	, and sponsors from any and teering. I grant full permission as of volunteerism and The	all	
				OFFICE USE ONLY		
Signature				Date Entered:		
DECLADATION		Initials:				
DECLARATION	ny knowlodgo	OH Date:				
I declare that the statements in Failure to provide accurate an	ily kilowieuge.	Training Date:				
•				Assignment:		
Signature				noorgriment.		