

Volunteer Application

Contact Information		
Namo		
Name Street Address		
City, State Zip Code		
Phone Number		
Other Phone Number		
E-Mail Address		
Person to Notify in Case	e of Emergency	
-		
Name		
Street Address		
City ST ZIP Code		
Home Phone		
Work Phone		
E-Mail Address		
Relationship		
Interest		
Interest		<u> </u>
How did you hear about our '	Volunteer Program?	
		_
Employment		
PLEASE ATTACH MOST REC	CENT RESUME	
If currently employed, name of	employer	
Work Address:		
City:	_ State:	Zip Code:
Position/Title:		
Work Schedule: (Please list days and hours worked)		
ii unempioyea, for now long?		

Education (please check	one box)			
Less than high school	High School	GED/Equivalen	су	Some College
Associate Degree	Bachelor's Degree			Professional Degree
Are you currently enrolled in sch	nool?	Yes	No	(PhD; MD; Law)
If YES, name of institution:				
Major: Anticipated date of graduation:				
Is English your primary language?		Yes	No	
If NO, what is your primary lang	uage?			
Are you fluent in any other langu	uages?	Yes	No	
If YES, please specify:				
Basic Information				
Briefly explain, why do you want to become a volunteer? What motivates you to take an interest in working with people with disabilities?				
For legal purposes, Services	for the UnderServed m	ust have the fol	lowing i	nformation on file:
Have you ever been convicted opending anywhere (other than a			ind have	any charges currently
If YES, please explain:		Yes	No	
Have you ever been criminally c children? If YES, please explain:	harged with any crime r	elated to mistrea	tment, a	buse or molestation of

Interests	
Tell us in which areas you are interested in v	olunteering:
Special Skills or Qualifications	
Special Skills or Qualifications Summarize special skills and qualifications we	ou have acquired from employment, previous
volunteer/mentoring work, or through other	
Previous Volunteer Experience	
Summarize your previous volunteer experier	nce.
Availability	
During which hours are you available for vol	unteering?
Weekday mornings	Weekend mornings
Weekday afternoons	Weekend afternoons

Weekend evenings

Weekday evenings

References

Please list three (3) references who car	n serve as a character reference.	YOU MUST INCLUDE YOUR JOB
SUPERVISOR OR ACADEMIC ADVISOR.	YOU MAY NOT USE RELATIVES OF	R SIGNIFICANT OTHERS.

00. 201. 00	2 1.00.11. 1.00 1 1.01 002 1.22 1.1120 011 010111 101111 01112101
Name	
Relationship to you	
Address	
Phone	
E-Mail Address	
Name	
Relationship to you	
Address	
Phone	
E-Mail Address	
Name	
Relationship to you	
Address	
Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. By submitting this application, I understand and agree that this application does not obligate me to become a volunteer. This application does not obligate the agency to interview, assign or actively seek to a volunteer position for me. As a part of the agency's application process, professional agency personnel will obtain additional personal information from me. It is my responsibility to ensure that the agency receives all pertinent information. Noncompliance will result in withdrawal of consideration from the program. As part of the agency's application and interview process, I am aware that Services for the UnderServed staff are by law MANDATED REPORTERS and are required to report any "suspicion" of abuse or negligence to the proper authorities.

Name (printed)	
Signature	
Date	

Contact Information

Minjung Park

Services for the UnderServed (SUS) 305 Seventh Avenue, 10th Floor

Please send completed application to:

New York, NY 10001

Phone: 917-408-1622 Email: mpark@sus.org