



Volunteer Application

Contact Information

Name	
Street Address	
City, State Zip Code	
Phone Number	
Other Phone Number	
E-Mail Address	

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Relationship	

Interest

How did you hear about our Volunteer Program? _____

Employment

PLEASE ATTACH MOST RECENT RESUME

If currently employed, name of employer _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Position/Title: _____

Work Schedule: (Please list days and hours worked) _____

*If unemployed, for how long? _____

Education (please check one box)

Less than high school	High School	GED/Equivalency	Some College
Associate Degree	Bachelor's Degree	Master's Degree	Professional Degree (PhD; MD; Law)

Are you currently enrolled in school? Yes No

If YES, name of institution: _____

Major: _____ Anticipated date of graduation: _____

Is English your primary language? Yes No

If NO, what is your primary language? _____

Are you fluent in any other languages? 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?

Interests

Tell us in which areas you are interested in volunteering:

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer/mentoring work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Availability

During which hours are you available for volunteering?

Weekday mornings

Weekday afternoons

Weekday evenings

Weekend mornings

Weekend afternoons

Weekend evenings

References

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

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

Please send completed application to:

Minjung Park
 Services for the UnderServed (SUS)
 305 Seventh Avenue, 10th Floor
 New York, NY 10001
 Phone: 917-408-1622
 Email: mpark@sus.org