APPLICATION FOR VOLUNTEER SERVICE

NAME_________________________________ (Title: Mr./Mrs./Ms./Dr.)________
ADDRESS____________________________________________________________________
CITY___________________________STATE_______________________ZIP____________________
HOME PHONE_________________CELL PHONE_________________WORK PHONE_________
E-MAIL ADDRESS: ________________________________________________________________
EMERGENCY CONTACT # AND NAME:_______________________________________________
TIME AVAILABLE (Days of Week and Hours):________________________________________
EDUCATION: High School________________________________________________________
College________________________________________ Major________________________
Graduate School______________________ Major______________________________

WORK AND VOLUNTEER HISTORY: (Please attach resume)
________________________________________________________________________________

AREA OF INTEREST: ________________________________________________________________

REFERRED BY:___________________________________________________________________
DO YOU KNOW ANYONE AFFILIATED WITH WCC:__________________________________
REFERENCES: (Please list the names and phones numbers of 2 references other than family
members)________________________________________________________________________
________________________________________________________________________________

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? ______ IF YES, PLEASE EXPLAIN:
________________________________________________________________________________
DO YOU HAVE A VALID DRIVER’S LICENSE? YES______ NO________

Signature: _____________________________ Date: ________________________

Please return to Volunteer Office, WCC Gateway Building, Room S231, 75 Grasslands Rd, Valhalla, NY 10595
Revised 11/18