



VOLUNTEER APPLICATION

51 S Center St — PO Box 35, Millerton, NY 12546

Telephone: 518-789-4259 Fax: 518-789-9279

Email: info@neccmillerton.org Website: www.neccmillerton.org

Date _____

Name _____ DOB _____ Gender _____

Address _____ City _____ State _____

Zip _____

Email _____ Phone Number _____

Do you have prior volunteer experience? _____

If yes, please describe: _____

Have you ever volunteered for NECC before? If yes, give dates, program, position: _____

Education

High School _____ College _____

Degree(s) _____

Professional Training _____

Additional languages spoken: _____

Volunteer Position

Date available?

From: _____ to: _____ Approximate days/hours per week: _____

Programs/Positions of Interest: _____

Describe any relevant job, volunteer, or educational experience you have had that you feel might be relevant to the volunteer position: _____

Accommodations

Please describe any physical or health accommodations that may be needed to allow you to participate in our program(s): _____

Transportation

Do you have reliable means of transportation to and from volunteer activities? _____

I affirm that the statements made on this application are true. I understand that misrepresentation or omission of facts request is cause for my disqualification or removal as a North East Community Center (NECC) volunteer. **I understand, if the volunteer position I seek involves unsupervised work with minors or individuals with disabilities that a criminal background check will be made.**

I understand and agree that the volunteer position at NECC for which I am applying is without compensation or benefits of any kind. I understand and agree that my volunteer position is contingent upon, among other things, my signing the NECC Volunteer Agreement and acceptance of the provisions of the NECC Code of Conduct.

Signature _____ Date _____