

P.O. Box 657, Yonkers, NY 10702

## **VOLUNTEER APPLICATION**

		Date					
Name		Phone (D)(E)					
Emergency Contact		Phone Number					
Address		City		ateZip			
Education							
Name	City/State	Dat	es Attended	Degree/Diploma			
Employment							
Employer	City/State		Job Title	Dates of Employment			
Skills/Interests/Special Talents/H	Iobbies		I				
TypingCo	mputer	ArtPhotography		ohyPhotocopying			
CookingFu	nd Raising	_Sports	Counselin	gCarpentry			
Cleaning W	CleaningWriting		Maintenar	nceRecruitment			
References							
Name		Address	S	Phone			
Have you ever done any previous volunteer work?YesNo							
If yes, please list the name of the	organization and ty	ype of voluntee	er work.				
Why do you want to volunteer with The Sharing Community and the people it serves?							
Please list days and times you are available to volunteer.							