

# VOLUNTEER APPLICATION

Girls Incorporated® of the Greater Capital Region  
962 Albany Street, Schenectady, NY 12307  
Tel. 518-374-9800 • Fax 518-347-1009  
301 Washington Ave, 2<sup>nd</sup> Floor, Albany NY 12206  
Tel. 518-512-2725

Volunteer Position Applying for: \_\_\_\_\_ Date of Application: / \_\_\_\_ / \_\_\_\_

## PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M \_\_\_\_\_

Present Home/School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Second Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you under 18 years of age Yes \_\_\_\_\_ No \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

## EDUCATION

Type of School	Name & Location	Degree	# of Years Attended
High School			
College			
Other			

## EMPLOYMENT AND/OR VOLUNTEER HISTORY

(These names will be used for a reference check)

Name of Employee/Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Major Duties: \_\_\_\_\_

(APPLICATION CONTINUES ON BACK)

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Major Duties: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Major Duties: \_\_\_\_\_

Please fill out the days and hours you are available to work:

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

### **AGENCY ACTION**

Girls Inc. Contact: \_\_\_\_\_ Action/Date: \_\_\_\_\_  
(Staff Person)

2<sup>nd</sup> Contact: \_\_\_\_\_ Action/Date: \_\_\_\_\_  
(Staff Person)

3<sup>rd</sup> Contact: \_\_\_\_\_ Action/Date: \_\_\_\_\_  
(Staff Person)

Resolution: \_\_\_\_\_

Date: \_\_\_\_\_

### **PLEASE READ THIS STATEMENT CAREFULLY**

I hereby affirm that the information given by me on this application for employment is complete and accurate. I understand that any falsification or omission will be immediate grounds for dismissal. I authorize a thorough investigation to be made in connection with this application concerning my character, general reputation, employment and education background, criminal record, whichever may be applicable. I have read and affirm as my own the above statements.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_