



For Office Use Only:

Program: (circle all applicable)

- Introduction to America
- SMART
- Reading Buddies After School
- Open Book
- Summer Reading Buddies

Location _____

VOLUNTEER APPLICATION

Date: _____

Name (Mr., Miss, Ms., Mrs., Dr.): _____

Mailing Address

Street _____

City _____ State _____ Zip _____

Home Telephone _____ Cell: _____ Date of Birth: _____

E-mail: _____

Volunteer/Employment Experience

In order of most recent activity, list those organizations with which you have been active as a volunteer or employee. Note "V" for volunteer position or "E" for employment in the spaces below.

Organization/Volunteer/Employed Position(s)	Date (From – To)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Education

Please indicate your highest level of education:

1. HIGH SCHOOL 2. COLLEGE 3. ADVANCED DEGREE FIELD: _____
4. OTHER, PLEASE SPECIFY: _____

Availability:

Starting Date _____

Are you available for the entire school year (if not please explain)? _____

Please circle the day(s) of the week you are available to volunteer:

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

How often would you like to volunteer?

_____ **ONCE A WEEK**

_____ **TWICE A WEEK OR MORE**

What time do you prefer? (circle all that apply)

MORNING (9AM – 12 PM)

AFTERNOON (12PM -3PM)

AFTER SCHOOL (2:45PM- 4:30PM)

Any Preferences?

For age-group? (Kindergarten – Grade 3, Grade 4 – Grade 8) _____

During the School Day or After School? _____

For working with children individually or in small groups? _____

Transportation

Do you:

1. Have a valid driver's license? _____
2. Have use of a car? _____
3. Take the bus? _____
4. Rely on others? _____

How did you hear about us (Name if applicable)? _____

_____ Friend _____ Relative _____ Social Club _____ House of Worship _____ Brochure





Photography Release

I hereby authorize **JCY-Westchester Community Partners** to publish photographs taken of me, or persons under my legal guardianship, for use in print and online publications of **JCY-Westchester Community Partners**, as well as by any outside third party interests. In consideration for my voluntary participation in publications produced by **JCY-Westchester Community Partners**, or any outside third party interests, I agree that I will receive no financial compensation.

Furthermore, I agree that participation in any print or online publication produced by **JCY-Westchester Community Partners**, or any outside third party interests, confers no ownership or special rights whatsoever.

I release **JCY-Westchester Community Partners**, its employees, and any outside third party interests from any claims of liability by me in connection with my participation in the production of these photographs.

Date: _____

Participant's Name (Please Print):

Participant's Signature:

Address:

Street:

City: _____ **State:** _____

Zip Code: _____

Phone: _____

Cell Phone: _____

Email: _____





220 White Plains Road
Tarrytown, NY 10591
914-948-6069
Fax: 914-948-3032

RSVP MEMBERSHIP FORM

RSVP facilitates the volunteer service of people who are 55+, enabling them to meet a variety of community needs. There is no fee to join RSVP as it is funded through a variety of state and local programs. As part of your membership to RSVP, you receive supplemental insurance while volunteering, invitations to recognition events, the opportunity to organize positive community change with others, and, if needed, transportation reimbursement to your volunteer site.

Applicant Information (Please print):

Applicant Name: Mr. / Mrs. / Ms / Dr.

Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Address: _____ City/Zip: _____

Drivers License State and ID# : _____ Birth Date: ____/____/____

(Information is for the RSVP supplemental insurance. It is needed only if you will drive to your volunteer assignment. Please give license number, NOT license plate number.)

How did you hear about RSVP? _____

Volunteer Placement (if known): _____

Position Title: _____

Emergency Contact Information:

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Beneficiary Information, for RSVP Supplemental Insurance:

Name/Relationship: _____ Phone: _____

Address: _____ City: _____ Zip: _____

The following optional information is requested by RSVP funding sources and is used solely for statistical purposes. (Note: The Volunteer Center provides referrals of volunteers to nonprofit agencies without regard to race, color, religion, national origin, sex, age or disability.)

- | | | | |
|--|--|---|----------------------------------|
| <input type="radio"/> Caucasian | <input type="radio"/> Hispanic | <input type="radio"/> Income under \$15,000 | <input type="radio"/> Live alone |
| <input type="radio"/> Native American | <input type="radio"/> African-American | <input type="radio"/> Frail/disabled | <input type="radio"/> Veteran |
| <input type="radio"/> Asian/Pacific Islander | | | |

Signature of Applicant: _____ Date: _____

RSVP of Westchester is a project of The Corporation for National and Community Service and is sponsored locally by The Volunteer Center of United Way. It is also supported in part by U.S. Department of Health and Human Services, The New York State Office for the Aging and The Westchester County Department of Senior Programs and Services.

Office Only:

RSVP Director Signature: _____ Date: _____

Volunteer Reporter: _____ TVC: _____ BD: _____ or TVC: _____