



Complete this form in ink and please print.

Return to Lockport Cares, Inc.
P.O. Box 586, Lockport, NY 14095

Application for Lockport Cares, Inc. Volunteers

Last Name _____ First Name _____ MI _____

Other names you have used _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____ Birthday _____

Check Appropriate Blanks Employed Unemployed Student Retired

Employer/School _____

Title/Position _____

Employer/School Contact _____

Phone Number _____ May we contact if necessary?

Have you been convicted of a crime within the last seven years? _____

Emergency Information:

Emergency Contact _____ Relationship _____

Phone Number _____ home _____ cell _____ work _____

Preferred Hospital _____

Doctor's Phone Number _____

Do you have any health or physical limitations that could affect your volunteer assignment? Yes No

If yes, please explain: _____

How did you learn about Lockport Cares, Inc.?

Family/Friend? yes no If yes, name of that person? _____

Church? yes no If yes, which church do you attend? _____

Community Organization? yes no If yes, name of organization? _____

Please indicate names, phone numbers and relationship of any Lockport Cares Volunteers:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Please list three references below:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Previous or current volunteer experience? _____

Education background, hobbies or special interests _____

What is your experience working with the homeless population? _____

In which areas of Lockport Cares, Inc. would you be interested in volunteering?

Administrative:

- ___ Data Entry/Typing
- ___ Reception/Phones
- ___ Filing/Paperwork

Building & Grounds:

- ___ Gardening/Lawn care
- ___ Maintenance

House Maintenance:

- ___ Cooking/Kitchen work
- ___ Cleaning
- ___ Laundry

Extras:

- ___ Newsletter Production
- ___ Mailings
- ___ Fundraising
- ___ Public Relations

Special Skills:

- ___ Intake
- ___ Scheduling Volunteers
- ___ Volunteer support
- ___ Bilingual
- ___ Training

Direct Care:

- ___ Overnights
- ___ Evenings
- ___ Mornings

Day/Time Availability: (Check the times/days you are available)

- | | | | |
|------------------|---------------|---------------|--------------|
| ___ 7 - 10 am | ___ 4 - 7 pm | ___ Sunday | ___ Thursday |
| ___ 10 am - 1 pm | ___ 7 - 11 pm | ___ Monday | ___ Friday |
| ___ 1 - 4 pm | ___ 11 - 7 am | ___ Tuesday | ___ Saturday |
| | | ___ Wednesday | |

I am interested in working _____ hours per week.

Exceptions to availability (List dates & times only. Do Not include reasons): _____

**** Lockport Cares, Inc. requests you do not transport anyone, anywhere. ****

Applicant's Statement

I hereby affirm the information provided on this application is true and complete to the best of my knowledge and agree to have any of the statements checked by the organization or its representatives. I understand providing any false or misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in my immediate termination even if discovered at a later date.

I authorize representatives of Lockport Cares, Inc. to conduct a thorough investigation of my activities and authorize all references provided in this application, as well as all other individuals whom the Organization or its representatives may contact, to provide all information they have about me. Furthermore, I agree to cooperate in such investigation, and release from all liability or responsibility of the Organization, all persons and entities acting on its behalf and all persons and entities requesting or supplying such information.

Date

Signature of Applicant

For Office Use Only:

Date of Application _____

Yearly Volunteer update completed: Date _____ By whom: _____

Attended training? ___ yes, when? _____

Additional training? ___ yes, when? _____

Volunteer Placement (when/what): _____