



Lockport C.A.R.E.S., Incorporated  
 Emergency Homeless Shelter  
 192 Genesee Street / PO Box 586  
 Lockport, New York 14095  
 Phone: 716-438-2273

*Please print all information and  
 sign in black or blue ink and  
 Return to Lockport CARES or  
 send to the P.O. Box*

## Application for Lockport C.A.R.E.S, Inc. Volunteers

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Other names you have used \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Text? \_\_\_\_\_

Email \_\_\_\_\_ D.O.B. \_\_\_\_\_

Check Appropriate  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 or Friend?  Yes  No If yes, name? \_\_\_\_\_

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
  - Photocopying

- Building & Grounds**
- Gardening/Lawn care
  - Maintenance
  - Painting, *as needed*

- House Maintenance**
- Cooking/Kitchen work
  - Cleaning
  - Laundry
  - Sorting Donations

- Extras**
- Newsletter Production
  - Mailings
  - Fundraising
  - Public Relations

- Special Skills**
- Intake
  - Scheduling Volunteers
  - Volunteer Support
  - Bi-Lingual
  - Training

- Direct Care**
- Overnights
  - Evenings
  - Mornings

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

- |  |                                     |                                    |                                   |
|--|-------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> 7am - (9) 10am    | <input type="checkbox"/> 4pm - 7pm  | <input type="checkbox"/> Sunday    | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> (9) 10am - 1pm    | <input type="checkbox"/> 7pm - 11pm | <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> 1pm - 4pm         | <input type="checkbox"/> 11pm - 7am | <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Or portion of.... | <input type="checkbox"/> Detail     | <input type="checkbox"/> Wednesday |                                   |

I am interested in volunteering \_\_\_\_\_ 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 \_\_\_\_\_  
Orientation Completed: Date \_\_\_\_\_ By whom: \_\_\_\_\_  
Attended initial training: Date \_\_\_\_\_ By whom: \_\_\_\_\_  
Additional training (when/what): \_\_\_\_\_

Volunteer Placement (when/what): \_\_\_\_\_  
Additional Comments: \_\_\_\_\_