



THE NEW YORK CENTER FOR CHILDREN

333 East 70th Street, New York, NY 10021 Phone: (212) 517-3012

Volunteer Application

Name: _____

Email: _____

Address: _____

Phone: (Day) _____

(Evening) _____

Date of Birth: _____

Occupation: _____

How long at current employer? _____

Name of Employer: _____

Business Address: _____

Are you presently a student? Yes / No Where? _____

Highest degree of education (subject/year): _____

Do you have any previous volunteer experience? Yes / No

Please describe your most recent volunteer experience. _____

What are your special interests, skills, or hobbies? _____

Do you speak any languages other than English? Yes / No _____



Why do you want to become a volunteer? _____

Which volunteer activities are you most interested in?

____ Playroom Volunteer ____ Case Tracking/Summarizing ____ Special Events ____ Tutoring

When are you available to volunteer? (**specify morning, afternoon, or evening**)

Mon	Tues	Wed	Thurs	Fri
_____	_____	_____	_____	_____

Please provide the complete names and addresses of three unrelated references. We will be requesting written statements from them. (two professional, one personal)

1. Name: _____ Relationship: _____
Address: _____

2. Name: _____ Relationship: _____
Address: _____

3. Name: _____ Relationship: _____
Address: _____

How did you hear about The New York Center for Children? _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: (____) _____

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HAVE YOU EVER: (circle appropriate answer)

Been convicted of a felony, misdemeanor or any offense other than a minor traffic violation? YES NO

Used non-prescriptive controlled substances? YES NO

Been the subject of an Indicated Child Abuse or Maltreatment Report? YES NO

Been the subject of a child abuse report in this or any other state? YES NO

Are there criminal charges pending against you in this state or elsewhere? YES NO

If you have answered yes to any of the above questions, please describe in detail:

Explain any other circumstance not disclosed above that bears on your qualification, character or fitness for this position:

STATEMENT OF CONFIDENTIALITY FOR VOLUNTEERS

If accepted as a volunteer I agree to maintain strict confidentiality of all client information made available to me at The New York Center for Children (the "Center"). To maintain confidentiality means that I may discuss client information only with the Center's staff. Information that cannot be disclosed includes all records or communications with clients, as well as any identifying data (name, address, phone number, etc.), or any other information which may identify someone as a caller or client of the Center. If anyone asks me about a client, I shall direct him/her to my supervisor.

* * *

I understand that this volunteer position can be terminated with or without cause, without prior notice. Failure to follow any Center rule or policy may result in dismissal.

* * *

I certify that all statements I have made on this application are true and complete to the best of my knowledge and that I have withheld nothing that would affect the veracity or completeness of this application. If there is a change in the status of my responses I will immediately notify the Center.

Signature of Applicant

Date