

## "Y" Volunteer Program Application

45 Manetto Hill Road, Plainview, NY 11803 | (516) 822-3535, x347

Name \_\_\_\_\_ Date \_\_\_\_\_

Address (Street, Town, Zip) \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Male ☐ Female Are you an MIYJCC member? ☐ Yes ☐ No Religion \_\_\_\_\_

Are you affiliated with a religious institution? ☐ Yes ☐ No Name: \_\_\_\_\_

Race/Ethnicity (voluntary): ☐ Caucasian ☐ African-American ☐ Hispanic ☐ Asian/Pacific Islander  
☐ Native American/Alaskan Native Other \_\_\_\_\_ Are you a veteran? ☐ Yes ☐ No

Languages Spoken (Other than English) \_\_\_\_\_

Education \_\_\_\_\_

Previous Work Experience or Occupation \_\_\_\_\_

Hobbies, Skills or Talents \_\_\_\_\_

Previous Volunteer Experience \_\_\_\_\_

Please provide two personal references (Not a relative):

1. Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Availability (Days/Hours): ☐ M/\_\_\_\_ ☐ T/\_\_\_\_ ☐ W/\_\_\_\_ ☐ Th/\_\_\_\_ ☐ F/\_\_\_\_ ☐ Sat/\_\_\_\_ ☐ Sun/\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

What VOLUNTEER Interests do you have? (Please check all that apply):

☐ Office/Clerical ☐ Friendly Visiting ☐ Grocery Shop for Individual ☐ Minor Home Repairs  
☐ Drive individual to Medical appointments or local errands ☐ Fundraising ☐ Phone calls to homebound seniors  
☐ Special Needs Population ☐ Alzheimer's population ☐ Other \_\_\_\_\_

What type of car do you drive? ☐ Sedan ☐ SUV

Would you visit a home that had a dog? ☐ Yes ☐ No — or a Cat? ☐ Yes ☐ No

Statement of Confidentiality:

I understand that in assuming my responsibilities as a Volunteer for the Mid Island Y JCC, I may have access to information which is proprietary to the Mid Island Y JCC and/or personal health information about clients of the Agency. In keeping with the professional standards and ethics of the Mid Island Y JCC, I will consider all such information strictly confidential and will not share, copy, discuss or distribute such confidential information with any unauthorized person inside or outside of the agency.

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

I voluntarily give permission to the Mid Island Y JCC and representatives of the press to use interviews with and/or information about me and photographs of me for informational, fundraising and/or advertising purposes to describe the work of the agency without compensation. Examples of such informational materials would include, but not be limited to, television, newspaper or magazine articles, electronic media, video, or brochures.

In giving this consent, I hereby release the Mid Island Y JCC, its Directors, employees, agents and volunteers from liability for any violation of any personal or proprietary right I may have in connection with the above use of the photographs.

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