



THE CENTER
of HIGHLAND FALLS

264 Main Street
Highland Falls, NY 10928
(845) 521-4285 | www.thecenterhf.org
centerofhighlandfalls@gmail.com

Volunteer Application

PLEASE PRINT AND RETURN FORM TO:

The Center of Highland Falls, PO Box 197, Highland Falls, NY 10928

Name: _____

Mailing Address: _____

City: _____

State: _____ Zip Code: _____

Phone #: (_____) _____ - _____

Email: _____

Age: _____

I am interested in volunteering for:

☐ **Greeter**

Greet visitors, program participants, providers, etc.; document visitors (using sign-in book); respond to questions and document inquiries; maintain a clean appearance of tables, chairs, floor, and empty trash as needed; offer refreshments when available; and hand out program calendars.

Please check your availability:

☐ Tuesday ☐ Wednesday ☐ Thursday ☐ 10A.M. - 1P.M. ☐ 3 P.M. TO 5 P.M.

☐ **Class / Program Instructor**

Develop and implement a program, course and/or share a skill with a specific target audience. Must be approved by the Executive Director and/or the Board of Directors.

☐ **Fund Raising Committee**

Understand the goals and annual cost of operating The Center. Pledge to raise a (predetermined) amount individually or collectively with others. All fund raising must be supervised by the Board of Directors.

☐ **Public Relations Committee**

Promote and support the goals and activities of The Center. Use your time, talents and resources to the spread the word about the activities and needs of The Center.

☐ **OTHER**

Please specify: _____

Current Employer: _____

Previous Work Experience: _____

Highest Education Level: _____

Language(s) Spoken: _____

Physical Limitations: _____

Other Volunteer Experience: _____

References & Contact Information: _____

Please describe any skill training or experiences pertinent to desired position:

Certification (ex: First Aid and CPR): _____

Availability: ☐ Sunday Hours: _____ ☐ Thursday Hours: _____

☐ Monday Hours: _____ ☐ Friday Hours: _____

☐ Tuesday Hours: _____ ☐ Saturday Hours: _____

☐ Wednesday Hours: _____

Skills & Interest (please check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Math Skills | <input type="checkbox"/> Drama/Performing Arts | <input type="checkbox"/> History |
| <input type="checkbox"/> Writing Skills | <input type="checkbox"/> Music | <input type="checkbox"/> Government |
| <input type="checkbox"/> Reading Coach | <input type="checkbox"/> Musical Instruments | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Travel | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Working with the Public | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Working with Children |
| <input type="checkbox"/> Sports & Exercise | <input type="checkbox"/> Painting | <input type="checkbox"/> Working with Adults |
| <input type="checkbox"/> Board Games | <input type="checkbox"/> Photography | |
| <input type="checkbox"/> Video Games | <input type="checkbox"/> Fashion | |

Print Name

Signature