



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