

# Volunteer Candidate Information

## Contact Information

Name	
Street Address	
City State Zip	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Are you a United States citizen? \_\_\_ NO \_\_\_ YES

**Have you ever served in the military?** \_\_\_ NO \_\_\_ YES

If yes, please indicate dates of service and branch. MMYT\_\_\_\_\_ to MMYT\_\_\_\_\_ Branch \_\_\_

Has anyone in your family served in the military? \_\_\_ NO \_\_\_ YES

## Availability

During which hours are you available for volunteer assignments?

- \_\_\_ Weekday mornings      \_\_\_ Weekend mornings  
\_\_\_ Weekday afternoons    \_\_\_ Weekend afternoons  
\_\_\_ Weekday evenings      \_\_\_ Weekend evenings

## Interests

Tell us in which areas you are interested in volunteering:

- \_\_\_ Administrative Support      \_\_\_ Outreach Events  
\_\_\_ Boy Scout Leader / Assistant Leader      \_\_\_ Receptionist  
\_\_\_ Driver *(Please provide photocopy of NYS license.)*      \_\_\_ Retail Sales and Support  
\_\_\_ Financial Counseling Services      \_\_\_ Seasonal Decorating  
\_\_\_ Fundraising & Events      \_\_\_ Speakers Bureau  
\_\_\_ Instructor *(computer/technology, health & wellness, cooking, arts)*      \_\_\_ Veteran Mentor  
\_\_\_ Light Maintenance (painting, lawn work, etc.)      \_\_\_ Volunteer Recruiter / Trainer  
\_\_\_ Marketing and Promotions      \_\_\_ Welcome Center Greeter  
\_\_\_ Operation Welcome Home Greeter      \_\_\_ OTHER

**Qualifications (Please attach resume if available.)**

State any qualifications (training, certificates, licenses, degrees, experience) that you have which help demonstrate your ability to assist in the interest areas that you checked above.


**Special Skills or Qualifications / Previous Volunteer Experience**

Have you ever worked for Veterans Outreach Center?     NO     YES

Do you have a valid NYS Driver's License?     NO     YES

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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**Personal History**

1. Are you currently employed or enrolled in school?     NO     YES

2. Do you have any physical limitations:     NO     YES

3. Have you ever been convicted of a crime?     NO     YES  
*(A conviction does not necessarily bar an applicant from consideration for a volunteer assignment)*

4. Have you ever been convicted of child abuse?     NO     YES

5. Have you ever been disciplined / censured by a professional organization?     NO     YES

**Please explain all YES answers:**

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### Person to Notify in Case of Emergency

Name	
Relationship	
Street Address	
City ST ZIP	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I acknowledge that I am volunteering my services freely without any understanding or promise of reward or compensation for my services.

As part of my Veterans Outreach Center volunteer service, confidential information may be disclosed to me. I agree that whenever that is done, I will respect the confidentiality of that information.

Name (printed)	
Signature	
Date	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, genetics, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

**T-SHIRT SIZE:**  **SMALL**  **MEDIUM**  **LARGE**  **X-LARGE**  **2X-LARGE**

BIRTHDAY: Month/Day \_\_\_\_\_

*Please mail to:*

**Veterans Outreach Center, Inc.**

ATTN: Volunteer Coordinator

459 South Avenue

Rochester, NY 14620

*Or email to:*

[volunteer@VeteransOutreachCenter.org](mailto:volunteer@VeteransOutreachCenter.org)



**(585) 546-1081 ★ Toll-Free 866-906-VETS (8387)**