

## **Volunteer Application Form**

Please print and complete this application (one per applicant) and return by mail, (or) scan and return a pdf by email to:

Lifting Up Westchester (or) ninzinna@liftingupwestchester.org Volunteer Office 35 Orchard Street White Plains, New York 10603

Please print:

Applicant's Name		Cell Phone		
Street			Alternate Phone	
City	State	Zip	email	
Current Employer/School			Occupation/Major	

How did you become interested in volunteering at Lifting Up Westchester?

If you're currently a Lifting Up Westchester Volunteer, when/on what date did you begin volunteering?

EMERGENCY CONTACT INFORMATION	
-------------------------------	--

Contact Name	Relationship
Emergency Phone	_
Are you under 18? Yes 🗌 No 🗌 Are you at least 14 ye	ars of age? Yes 🗌 No 🗌
Parent or Guardian's Name (if under the age of 18)	Parent or Guardian Signature
AVAILABLE DATES (Please list days and times)	
Weekday(s)	Times (from/until)
Weeknight(s)	Times (from/until)
Weekend Day(s)	Times (from/until)

## **SKILLS AND TRAINING**

Please describe any special skills you possess and experience you feel would be beneficial to LUW:

1. Will you require an ac	. Will you require an accounting of your volunteer hours? Yes $\Box$ No $\Box$						
. Are you volunteering as part of a mandated service requirement? Yes $\Box$ No $\Box$ Mandated by whom?							
. If mandated by the Court, please explain the nature of the charges.							
4.							
Name of Parole Officer/Attorn	ney		Overseeing Hours				
5.							
Phone			email				
6. Have you ever been	convicted of a felony?	∕es□ I	No 🗌				
offense, seriousness and If yes, please explain.	I nature of the violation, a	and rehal	teering. Factors such as age at the time of the bilitation will be taken into consideration.				
Reference No. 1 – Name	Company (if	any)	Relationship				
Address			Alternate Phone				
City	State	Zip	email				
Reference No. 2 – Name Company (if any)		Relationship					
Address			Alternate Phone				
City	State	Zip	email				

## **IMPORTANT INFORMATION to read PRIOR to filling out page 3:**

- 1. A background check will be conducted if you volunteer to work with children.
- 2. All minors must be 14 years of age.
- 3. Young adults between the ages of 14 and 18 must be accompanied and supervised by a parent/guardian when volunteering in the dining hall of Grace's Kitchen.

## Volunteering Opportunities at Lifting Up Westchester – Please mark all Programs that interest to you.

BRIGHTER FUTURES	MENTORING				
□ Tutor, assistant teac	t teacher		Field Trip Chaperone		
Provide assistance v	vith College or Financial A	id applica	ations		
Other					
BRIGHTER FUTURE	S SUMMER CAMP	□ Coa	ich Sports (describe)		
Swim Instruction					
Field Trip Chaperone	9		ist with Camp Carnival c	or other Special Activity days	
	usic & Performing Arts Pro			f Expertise (describe)	
Organize Special Act			-	n Expentise (describe)	
_	mentally Disabled Childre	n and Ad			
Assist or Help Staff F			Other		
_	A & GRACE'S KITCHEN				
Serve Meals	☐ Food Preparation / p	prepare fo	ood offsite		
Holiday Food Service Day at Grace's Kitch		nd/or ente	ertain on Thanksgiving,	Christmas and New Year's	
☐ Health Screenings	Offer Classes/Works	shops	Pro-bono Legal Aid	☐ Holiday Decorating	
MAINTENANCE		🗌 Pai	nting/Cleaning/Repairs,	etc.	
OFFICE	ling	□ Cle	rical/Record Manageme	ent	
GENERAL HELP					
Fundraising	🗌 Event pla	Inning	□ Silent	t Auction Planning	
□ Social Media	🗌 Organizir	າg Drives	(Food, snack, clothing,	etc.)	