



Episcopal Social Services Adult Volunteer Application

Name: _____ Date: _____

Home Address: _____
Street Address Apt
City State Zip Code

Phone: _____ Email: _____
Home/Work/Cell

Sex: Male Female Are you 18 years of age or older? Yes No

How did you learn about ESS? _____

Education and Training (feel free to attach a resume)

High School: _____ Year Graduated: _____
College/Degree: _____ Year Graduated: _____
Other Education and/or Special Training: _____

Prior Work & Volunteer Experience (feel free to attach a resume)

Organization	Dates	Description of Responsibilities

Do you speak any languages other than English? _____ If so, please indicate below:

Language	Read	Write	Fluency

Volunteer Opportunities

Please indicate the age-group(s) and/or volunteer opportunities that interest you.

____ Young Children
(Infant – 4 Yrs)

____ Developmentally-
Disabled Adults

____ Clerical/Office
Support

____ School-Age
Children

____ Foster Children

____ Special Events
(Holiday Toy Drive, Gift-
Wrap, Housing
Beautification, And
Other One-Time Events)

____ At-Risk Teens

____ Mentoring

____ Children (Ages 7-
16) In Juvenile
Detention

____ Tutoring

____ Presentations/
Lectures to strengthen
life skills of teens or
adults

____ Parents/Families

____ Arts, Music, Dance,
Drama

Tell Us About Yourself...

In order to arrange the best match for you and our clients, please tell us about your interests, hobbies, and passions.

Why you are interested in volunteering at ESS?

Pertinent or special skills:

Do you require any specific accommodations? (i.e. paperwork with large lettering, wheelchair accessible facilities, etc.) Yes No

If yes, please specify:

Availability

Please indicate your preferred times to volunteer with an (x):

Days	Morning (8-3)	Afternoon (3-6)	Evening (6-9)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Please indicate your preferred location(s):

___ Brooklyn

___ Bronx

___ Manhattan

Background Information

Please list three (3) references, at least two (2) unrelated to you, who can speak about your volunteer, work, or school experience.

Name	Phone Number	Relationship

Have you ever been convicted of a crime? Yes No

If "yes", please explain on separate sheet with date(s) and description(s).

Episcopal Social Services provides equal opportunities to all qualified applicants without regard to race, religion, color, sex, gender, age, disability, marital status, sexual orientation, socioeconomic status, veteran status, or national origin.

Pre-Volunteer Assignment Statement (Please read carefully and sign statement below)

I understand and agree that:

1. The information that I have provided on the application and any supplemental forms is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of assignment, or if assigned, dismissal from volunteer position held with Episcopal Social Services..
2. I hereby grant permission to any person, firm, corporation or organization to release to Episcopal Social Services or its representatives any and all information regarding my past volunteer work or employment and my background. I waive any claims I might have with respect to the providing of such information. All references will be contacted without liability.
3. I understand and agree that my position at Episcopal Social Services is entirely voluntary and without compensation. I understand and agree that if I am offered and accept a volunteer assignment at Episcopal Social Services, either I or Episcopal Social Services may conclude the volunteer relationship at anytime without cause or notice. If accepted, I agree to comply with the policies, rules, regulations, and procedures of the agency.

Signature

Date

Please return to: Volunteer Services, Episcopal Social Services, 305 Seventh Ave, 4th Floor, New York, NY 10001
Phone: 212.886.5663 Fax: 212.989.1132