

VOLUNTEER APPLICATION

PLEASE PRINT

INFORMATION ABOUT YOU

Name: _____ Date: _____

Address: _____
Street Address City State Zip

Phone: _____
Home Other – please indicate

In case of emergency notify: _____
Name Address Phone No.

Briefly state why you want to volunteer at CVES: _____

List your skills, interests, hobbies, community activities, work or professional experience: _____

List previous volunteer experiences: _____

Do you have transportation? YES _____ NO _____

If yes, do you have a valid NYS Driver's License? YES _____ NO _____

License Number: _____ State: _____

Are there any restrictions on your license? YES _____ NO _____

If yes, list all restrictions: _____

Can you provide transportation for others? YES _____ NO _____

Have you ever been convicted of a crime (do not include traffic violations)? YES _____ NO _____

If yes, please explain: _____

INDICATE WHICH VOLUNTEER ACTIVITIES WOULD BE OF INTEREST

REFERENCES

Please list three (3) references (Not Relatives) preferably persons who can attest to your ability to work with others in a volunteer capacity:

Name & Address	Telephone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

VOLUNTEER AGREEMENT & AUTHORIZATION

Volunteer candidates must meet the highest standard of conduct because of CVES' responsibilities for those in its care. This information is to be used only to assist us in determining qualifications for a position as a volunteer.

I agree to conform with CVES' rules and regulations to the best of my ability. I agree to participate in orientation and training. I understand that a criminal record and Department of Motor Vehicles check may be made, and my references and experience checked. I hereby consent that the Board of Cooperative Educational Services (Clinton-Essex-Warren-Washington Counties BOCES) may obtain a NYS Department of Motor Vehicles driving history and a criminal background history issued by the NYS Division of Criminal Justice Services, and, further, authorize the release of the results of my driving history and criminal record, if any, to:

Name: _____
CVES Division Director or Principal

Address: _____

I authorize all references listed to give you pertinent information, and release all parties from any liability from furnishing this information.

Signature of Applicant: _____ Date of Birth: _____

Date: _____

Signed and sworn this _____ day of _____ 20__

(Notary Stamp)