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The goal of the Volunteer Program at CAPTAIN Community Human Services is to recruit volunteers who are interested in giving back to their community in meaningful ways. We strive to provide a variety of volunteer options to match the interests of individuals. On this application is a listing of volunteer opportunities. Be sure to indicate your availability. Training will be provided, so please do not discount any options that you would like to learn more about.

## **Contact Information**

Name:					
Email:					
Home Address:					
Home Phone:		Cell Phone:			
Date of Birth:	Gender:	Occupation:			
Please tell us a little bit abou	t yourself and why you wou	ld like to volunteer:			
Do you have any areas of sp	pecial interest and/or abilities	s? (i.e. mechanical abilit	y, gardening, degree, etc.?)		
Please describe any of your	previous volunteer experier				
Do you have any physical lin	nitations that we should be a	aware of? Yes	No		
If yes, please explain:					

How did you learn about CAPTAIN Commu	nity Human Services?				
Newspaper Advertisement	Employee Referral Friend or Relative				
Internet Advertisement	Employment Agency Walk-in				
Job Bank	Other:				
Have you ever filed an application with us b	efore (employment or volunteer)?				
Yes No	If yes, date:				
Have you ever volunteered with us before?					
Yes No	If yes, date:				
May we contact your current volunteer orga	nization? Yes No				
Name:	Phone:				
Do you have a valid and clean driver's license? Yes No					
	en probation or deferred adjudication of sentencing, or pleaded no raffic violation OR are criminal charges against you currently prevent you from volunteering.)				
Yes No					
If yes, please explain fully:					
On what date would you be available to be	gin volunteering?				

When are you generally available to volunteer? Please check all that apply.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

### **Volunteer Opportunities**

General Activities

- \_\_\_\_\_ CAPTAIN's Treasures Next-to-New Clothing Shop assist customers, sort donations, etc.
- \_\_\_\_\_ Food Pantry assist guests with obtaining a 3-day supply of emergency food
- \_\_\_\_\_ Van Driver for Food Pantry food pickups and/or taking people to the Jonesville Pantry
- \_\_\_\_\_ Bike Works program assist in repairing donated bicycles

# CAPTAIN CHS Outreach Center (Cheryl's Lodge)

- \_\_\_\_\_ After School Program Volunteer work with elementary school students (school day afternoon)
- \_\_\_\_\_ After School Program Volunteer work with middle and high school students (school day afternoons and evenings)
- \_\_\_\_\_ Snack Prep for After School Program school days at 2:00pm
- \_\_\_\_\_ Grounds keeping/lawn mowing/as needed building and grounds maintenance help
- \_\_\_\_\_ Summer programming literacy volunteers, activity leaders

## CAPTAIN CHS Youth Shelter

We encourage at least a 1-year commitment to volunteer at the Shelter, as 20 hours of annual training are required. An additional background check and fingerprinting are also required for volunteers in direct contact with youth. More information is available from Shelter staff.

\_\_\_\_\_ Office work or assisting with holiday programs – opportunity available on an as-needed basis

## CAPTAIN CHS Street Outreach Project

Assist with meal preparation and activities at drop-in centers, primarily in Fulton, Montgomery, and Saratoga Counties

### Family Development

\_\_\_\_\_ Family Development Volunteer – mentor individuals and families to increase self-sufficiency

#### Care Links

Provide supportive services such as transportation, friendly visiting, shopping, and respite to seniors in Southern Saratoga County

#### Teen Activities

Teen Talk Supervisors – weekday evenings from 5:00-7:00pm during the school year

#### Seasonal and Giving Programs

- \_\_\_\_\_ Holiday Assistance Programs organize donations
- \_\_\_\_\_ Tax Assistance Program prepare and file taxes for low-income families (training provided)

## Other

- \_\_\_\_\_ Special Projects and Events
- \_\_\_\_\_ General office work (filing, answering phones, etc.)
- Call me on an as-needed basis

Personal or Professional References				
Name				
Company Name				
Address				
Phone Number				
Name				
Company Name				
Address				
Phone Number				
Name				
Company Name				
Address				
Phone Number				

#### **Volunteer Applicant's Signature**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this Volunteer Application in order to arrive at a volunteer engagement decision. I consent to appropriate background screenings pursuant to agency policy, which may include checking any or all of the following: NYS Central Register of Child Abuse and Maltreatment, NYS Sex Offender Registry, Social Security verification, and NYS felony criminal conviction check.

In the event of engagement as a volunteer at CAPTAIN Community Human Services, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of CAPTAIN Community Human Services.

Signature of Applicant

Date

Thank you for your interest in volunteering with CAPTAIN Community Human Services. Please mail or fax this form to the address or number listed on the front page.