



Mary Duclos, Volunteer Coordinator
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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 about yourself and why you would like to volunteer:

Do you have any areas of special interest and/or abilities? (i.e. mechanical ability, gardening, degree, etc.?)

Please describe any of your previous volunteer experiences:

Do you have any physical limitations that we should be aware of? Yes _____ No _____

If yes, please explain: _____

How did you learn about CAPTAIN Community 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 before (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 organization? Yes _____ No _____

Name: _____ Phone: _____

Do you have a valid and clean driver's license? Yes _____ No _____

Have you ever been convicted of, been given probation or deferred adjudication of sentencing, or pleaded no contest for any offense other than a minor traffic violation OR are criminal charges against you currently pending? (A conviction will not necessarily prevent you from volunteering.)

Yes _____ No _____

If yes, please explain fully: _____

On what date would you be available to begin 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)

- _____ Homework Help Volunteer – work with elementary school students (school day afternoon)
- _____ Homework Help Volunteer – work with middle and high school students (school day afternoons and evenings)
- _____ Snack Prep for Homework Help – 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.