



Syracuse Model Neighborhood Facility, Inc.

VOLUNTEER APPLICATION

CONTACT INFORMATION				
First Name	Last Name	Middle Initial	Nickname	
Street Address		City	State	Zip Code
Home Phone (315)	Work Phone (315)	Cell Phone ()	E-mail	
Language Spoken				
VOLUNTEER TYPE: <input type="checkbox"/> General <input type="checkbox"/> Internship <input type="checkbox"/> Mandated				
EDUCATION, EMPLOYMENT and CRIMINAL BACKGROUND INFORMATION				
I am currently enrolled in a college program full time: <input type="radio"/> Yes - Where _____ <input type="radio"/> No				
Education Experience <input type="radio"/> High School or GED <input type="radio"/> Some College <input type="radio"/> College Degree – School _____ Yr. Grad. _____ Major _____ <input type="radio"/> Graduate Degree – School _____ Yr. Grad. _____ Major _____				
Employer Name and Address		Position		Years in Pos.
		Supervisor Name & Phone #		

AVAILABILITY

Availability (Please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Monday mid-morning to afternoon | <input type="checkbox"/> Monday afternoon to 6 p.m. |
| <input type="checkbox"/> Tuesday mid-morning to afternoon | <input type="checkbox"/> Tuesday afternoon to 6 p.m. |
| <input type="checkbox"/> Wednesday mid-morning to afternoon | <input type="checkbox"/> Wednesday afternoon to 6 p.m. |
| <input type="checkbox"/> Thursday mid-morning to afternoon | <input type="checkbox"/> Thursday afternoon to 6 p.m. |
| <input type="checkbox"/> Friday mid-morning to afternoon | <input type="checkbox"/> Friday afternoon to 6 p.m. |
| <input type="checkbox"/> Saturday 10 a.m. to Noon | <input type="checkbox"/> Special Events which may include evenings and/or weekends |

EMERGENCY CONTACT INFORMATION

First Name	Last Name	Primary Phone #
Alternate Phone #	Relationship	

GENERAL INFORMATION

Have you ever been employed at SMNF? Yes No

If yes, when?

Is any family member a SMNF employee? Yes No

If yes, name of family member?

NOTE: All volunteer positions involving working with children independently requires a criminal background check including fingerprinting.

All volunteers are subject to a sex offender list screening.

Please list any past or current volunteer experiences. Include organization, duties and service dates.

How did you learn about our Volunteer Program?

- SMNF Website
- SMNF Employee/Volunteer
- School/College
- Other (Please Explain)

Why are you interested in volunteering at SMNF?

Please describe your experience working with children, including your own.

Please share with us any additional information about special skills you may have.

REFERENCES – Please list two.

First Name	Last Name	Phone Number
Street	City/State	Zip Code

Relationship:

First Name	Last Name	Phone Number
Street	City/State	Zip Code

Relationship:

VOLUNTEER AGREEMENT

I certify that the information provided on this application is true and complete to the best of my knowledge, and agree that falsified information or significant omissions may disqualify me from further consideration from volunteering and, if I am accepted to be a volunteer, will result in my dismissal when discovered. I understand that, if accepted as a volunteer, I will be required to abide by all the policies, rules and regulations of Syracuse Model Neighborhood Facility (SMNF). I authorize SMNF to investigate all statements contained in this application and to make inquiries of my personal references, as well as other related matters as may be necessary for arriving at a decision of acceptance into the volunteer program such as looking into specific criminal convictions. I hereby release employers, schools or individuals from all liability in responding to inquiries relative to my volunteer application.

If accepted into the volunteer program, I agree that I will attend all scheduled training sessions in their entirety.

I Agree

Signature _____

Date _____

FOR OFFICE USE ONLY XXX

This applicant has been placed in the _____ Program beginning on ____/____/20____
Reporting to _____, Volunteer Job Title _____
Date application forwarded to Human Resources ____/____/20____ Date Volunteer Orientation
Completed ____/____/20____ Anticipated End Date (if appropriate) _____