



MAIN OFFICE: 1020 Mary Street, Utica, New York 13501
 Phone: (315) 724-6907 Fax: (315)798-8818
 Website: www.upstatecp.org

Volunteer Service Application

We are an Equal Opportunity Agency. We consider applicants for all volunteer positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status. However, for the safety of our volunteers, the individuals we serve and our staff, there may be positions with a minimum age requirement.

(Please Print)

Date of Application: _____

Last Name: _____ First Name: _____ Middle: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone - Home: _____ Work: _____ E-Mail: _____

On what date would you be able to start your volunteer experience? _____

Which days and hours are you available to provide volunteer services? _____

Location(s) preferred: Barneveld Boonville Herkimer Little Falls Marcy
 Poland Rome Sauquoit Stittville Utica

How did you learn about us? I am an Employee From an Employee Advertisement
 Friend or relative Other _____

Have you ever volunteered or participated in a student placement or internship at the Agency? Yes No
 If yes, Supervisor _____ Dates of employment _____

Have you ever been employed with us before? Yes No Dates of employment: _____

Indicate any languages other than English in which you are fluent in spoken, written or signed form:
 Spoken: _____ Written: _____ Signed: _____

Education

School Name	Location (City, State)	Circle highest year completed				
_____	_____	9	10	11	12	
(High School)						
_____	_____ (Major)	1	2	3	4	Graduate
(College)						
_____	_____ (Major)	1	2	3	4	Graduate
(College)						

Employment History

Employer	Position/Job Duties	Supervisor	Dates

Volunteer Experience

Agency	Responsibilities	Supervisor	Dates

Personal Information

Summarize skills and qualifications acquired from employment, volunteer, or life experiences.

Have you ever been convicted of a crime including misdemeanors and summary offenses? Yes No

Have you ever been convicted or entered a plea of no contest to charges of offense which involve abusing, neglecting, or mistreating children or adults? Yes No

*** If you answer "Yes" to either of these questions, you will need to describe the charges and resolution of the charges, in full, at the time of the interview.*

Personal References

Please list two references who are not related to you. Use complete address with house or PO Box number.

Name	Address	Telephone	Years Known

Applicant's Statement

To the best of my knowledge, the information provided in this application for a volunteer experience is true, correct and complete. I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision for a volunteer position. The agency reserves the right to dismiss a volunteer who has provided incorrect information. Therefore, I understand that any false or misleading information given in my application or interview(s) may result in discharge. If accepted into a volunteer position, I agree to abide by the UPSTATE CEREBRAL PALSY policies , rules and regulations. I understand that acceptance of an offer of a volunteer position does not create a contractual obligation upon the Agency to continue this experience in the future. I agree that my volunteer experience is at-will and can be terminated by the Agency at any time. The reason for termination will be explained to me at termination. I also understand that I shall not be deemed an employee of Upstate Cerebral Palsy and that I will not be compensated monetarily for any volunteer services.

Signature: _____ Date: _____