



Complete this form in ink and please print.

Return to Lockport Cares, Inc.  
P.O. Box 586, Lockport, NY 14095

**Application for Lockport Cares, Inc. Volunteers**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Other names you have used \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Birthday \_\_\_\_\_

Check Appropriate Blanks  Employed  Unemployed  Student  Retired

Employer/School \_\_\_\_\_

Title/Position \_\_\_\_\_

Employer/School Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ May we contact if necessary?

Have you been convicted of a crime within the last seven years? \_\_\_\_\_

Emergency Information:

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

Do you have any health or physical limitations that could affect your volunteer assignment?  Yes  No

If yes, please explain: \_\_\_\_\_

How did you learn about Lockport Cares, Inc.?

Family/Friend?  yes  no If yes, name of that person? \_\_\_\_\_

Church?  yes  no If yes, which church do you attend? \_\_\_\_\_

Community Organization?  yes  no If yes, name of organization? \_\_\_\_\_

Please indicate names, phone numbers and relationship of any Lockport Cares Volunteers:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Please list three references below:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Previous or current volunteer experience? \_\_\_\_\_

Education background, hobbies or special interests \_\_\_\_\_

What is your experience working with the homeless population? \_\_\_\_\_

In which areas of Lockport Cares, Inc. would you be interested in volunteering?

Administrative:

- \_\_\_ Data Entry/Typing
- \_\_\_ Reception/Phones
- \_\_\_ Filing/Paperwork

Building & Grounds:

- \_\_\_ Gardening/Lawn care
- \_\_\_ Maintenance

House Maintenance:

- \_\_\_ Cooking/Kitchen work
- \_\_\_ Cleaning
- \_\_\_ Laundry

Extras:

- \_\_\_ Newsletter Production
- \_\_\_ Mailings
- \_\_\_ Fundraising
- \_\_\_ Public Relations

Special Skills:

- \_\_\_ Intake
- \_\_\_ Scheduling Volunteers
- \_\_\_ Volunteer support
- \_\_\_ Bilingual
- \_\_\_ Training

Direct Care:

- \_\_\_ Overnights
- \_\_\_ Evenings
- \_\_\_ Mornings

**Day/Time Availability: (Check the times/days you are available)**

- |                  |               |               |              |
|------------------|---------------|---------------|--------------|
| ___ 7 - 10 am    | ___ 4 - 7 pm  | ___ Sunday    | ___ Thursday |
| ___ 10 am - 1 pm | ___ 7 - 11 pm | ___ Monday    | ___ Friday   |
| ___ 1 - 4 pm     | ___ 11 - 7 am | ___ Tuesday   | ___ Saturday |
|                  |               | ___ Wednesday |              |

I am interested in working \_\_\_\_\_ hours per week.

Exceptions to availability (List dates & times only. Do Not include reasons): \_\_\_\_\_

**\*\* Lockport Cares, Inc. requests you do not transport anyone, anywhere. \*\***

**Applicant's Statement**

I hereby affirm the information provided on this application is true and complete to the best of my knowledge and agree to have any of the statements checked by the organization or its representatives. I understand providing any false or misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in my immediate termination even if discovered at a later date.

I authorize representatives of Lockport Cares, Inc. to conduct a thorough investigation of my activities and authorize all references provided in this application, as well as all other individuals whom the Organization or its representatives may contact, to provide all information they have about me. Furthermore, I agree to cooperate in such investigation, and release from all liability or responsibility of the Organization, all persons and entities acting on its behalf and all persons and entities requesting or supplying such information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

For Office Use Only:

Date of Application \_\_\_\_\_

Yearly Volunteer update completed: Date \_\_\_\_\_ By whom: \_\_\_\_\_

Attended training? \_\_\_ yes, when? \_\_\_\_\_

Additional training? \_\_\_ yes, when? \_\_\_\_\_

Volunteer Placement (when/what): \_\_\_\_\_