

APRIL'S CHILD
7 Holland Avenue – 1st Floor
White Plains, NY 10603

APPLICATION FOR VOLUNTEER SERVICES

The information on this form will help us to find the most satisfying and appropriate volunteer service for you. Your cooperation in completing this application is most appreciated. Please print.

Personal Information

Date _____

Name _____		
Home Address _____		
City _____	State _____	Zip _____
Home Phone _____	Work Phone _____	
Cell Phone _____	Email _____	

Date of Birth _____
Day/month

Marital Status Single Children: Sex Age
 Married
 Separated
 Divorced
 Widow/er

Person to contact in case of emergency:
Name _____
Phone (____) _____
Relationship _____

Educational Information

(Circle the last year completed)
 High School: 1 2 3 4
 College: 1 2 3 4
 Graduate: 1 2 3 4

Area Studied

Are you currently enrolled in school? Yes No

If Yes, please describe type of program: _____

Please check all boxes that show your school schedule:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning							
Afternoon							
Evening							

Employment Information

Are you currently employed? Yes No

If Yes, please describe your responsibilities in this job _____

Employer's Name _____

Employer's Address _____

Please check all boxes that show your work schedule:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning							
Afternoon							
Evening							

Work Experience - Please describe in general the last three positions you have held:

Dates Held

1. _____
2. _____
3. _____

Volunteer Experience / Community Service

Have you ever worked in a volunteer capacity before? Yes No

If Yes, please list and describe any present or previous positions held:

Dates Held

1. _____

2. _____

3. _____

Describe any past or current involvement in community activities, clubs, church, etc.:

Skills

Describe any special skills, training, interests, or hobbies (crafts, music, drama, etc.):

Are you fluent in any foreign language? Yes No

If Yes, please list _____

Interests

How did you learn about this Center?

- Newspaper / Radio / TV
- Friend / Volunteer
- Brochure / Poster
- Social Media
- Other: _____

In what kind of volunteer position are you interested?

- Parent Aide Program
- Office Assistance
- Public Speaking
- Fundraising

Why do you want to volunteer for April's Child?

Availability

Are you available at least 1 hour/week and one supervision meeting 1x/month for a minimum of one year? Yes No

At what times are you interested in doing volunteer work? Check all boxes that apply:

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning							
Afternoon							
Evening							

Is there anything that might impact your work with a particular client? (For example, the physically challenged, substance abusers, mentally ill, homeless, pregnant teenage mothers, a specific ethnicity, allergies, phobias) Yes No

If Yes, please specify _____

Location

⇒ April's Child makes every effort to meet the individual needs of its volunteers regarding case assignments. A willingness to accept a case from more than one area will enable April's Child to match you with a family more quickly.

Below is a partial list of the most common locations throughout Westchester County where our cases are services. Please check all areas you can travel to as a volunteer for the Parent Aide Program:

Upper Westchester

- Peekskill/Mohegan
- Ossining
- Mt. Kisco

Lower Westchester

- Yonkers
- WhitePlains/Greenburgh
- New Rochelle
- Mt. Vernon
- Port Chester

Do you drive?

Yes No

Do you have a car available to you?

Yes No

Occasionally

Do you have a valid driver's license?

Yes No

Do you have car insurance?

Yes No

I understand that after successfully completing my training period, I will be expected to serve a minimum of one year with April's Child. If unforeseen circumstances should prevent me from fulfilling this obligation, I will submit my written resignation to the program director with as much advance notice as circumstances permit.

I understand and agree to abide by the regulations of this program which specify that for the protection of all, every person is prohibited from disclosing the contents of any communications, records, and files, except for purposes directly connected with the administration of this agency. I agree to keep any and all information (identities, dates, case histories, volunteer dictation, etc.) completely confidential.

I understand that I must attend all of the Initial Parent Aide Training sessions and required supervision.

Signature

Date

Staff Interviewer

Date

Release of Information

Name of Volunteer _____

Please identify three professional/community references (non-family members):

Name _____
Address _____

Telephone _____
Relationship _____

Name _____
Address _____

Telephone _____
Relationship _____

Name _____
Address _____

Telephone _____
Relationship _____

I understand it will be necessary for April's Child to check my character references. I hereby give my consent for this information exchange and authorize such persons to release any information requested by April's Child.

Signature

Date

Witness

Date