



FOTM

Families On The Move of New York City, Inc. (FOTM)

Yesterday, Today, Tomorrow...Families On The Move.

VOLUNTEER APPLICATION

Families On The Move of New York City, Inc. (FOTM) does not discriminate in securing volunteers on the basis of race, color, religion, sex, gender age, citizenship, disability, sexual orientation, marital status, national origin, or any other characteristic protected by federal, state or local law. No question on this form is intended to secure information to be used for such discrimination. FOTM is an equal opportunity employer.

PERSONAL INFORMATION (Please Print)

Name: _____ Email Address: _____

Telephone (Day): _____ Evening: _____ Cell: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

In case of emergency, notify (Name): _____

Telephone: _____ Relationship: _____

You must be at least 14 years of age to volunteer. Volunteers under 18 must have a parent/guardian complete the consent section on the reverse side of this application. Age if under 18 _____

VOLUNTEER INTERESTS (Please Print)

Why do you want to volunteer? _____

For each day, indicate times you might be available to complete a three to four hour shift:

Sat: ___ to ___ Mon: ___ to ___ Tues: ___ to ___ Wed: ___ to ___ Thurs: ___ to ___ Fri: ___ to ___

I would be interested in assisting with: _____

By completing and submitting this application, I hereby certify, understand, and agree that I would like to serve as a volunteer, as that term is defined by the Fair Labor Standards Act, and that any services that I may provide to Families On The Move of New York City, Inc. (FOTM) will be rendered solely in my capacity as a volunteer, and free from coercion or duress. I further certify, understand, and agree that as a volunteer, I will receive no compensation, wages, earnings, or benefits from FOTM, and I maintain no expectation or hope of receiving any compensation, wages, earnings, or benefits, nor has FOTM, or any employee or agent thereof, made any representation or promise regarding my receipt of compensation, wages, earnings, benefits, or employment. Finally, I expressly represent and warrant that I desire to be engaged by FOTM as a volunteer for civic, charitable, or humanitarian reasons, purposes, or motives, and will render services in my capacity as a volunteer in accordance with such reasons, purposes, or motives.



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LOCATION PREFERENCE (Please Print)

FOTM Office Location of choice: _____

OCCUPATION AND/OR EDUCATION (Please Print)

Check highest grade completed: 9 10 11 12 College/Graduate School (degrees completed):

Current and/or former occupation: _____

Employer: _____

Are you a student? Yes No

Which school do you attend? _____

Note: Current employees of FOTM may not submit an application to serve as a volunteer, and any such applications submitted will be discarded without further review or consideration.

SKILLS (Please Print)

Do you know how to use a computer: Yes No

Are you familiar with: Internet Microsoft WORD Microsoft Excel

What language(s) other than English do you speak and/or write with fluency? _____

What special interests and/or skills do you have that may help us to match you with the best volunteer assignment? _____

REFERENCE INFORMATION (Please Print)

Please provide a reference: Personal Professional

Name (first and last): _____ Phone: _____

E-Mail: _____

Applicant Signature _____

Date: _____



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PARENT/GUARDIAN CONSENT (for volunteers under age 18)

I give permission for the above applicant to volunteer at Families On The Move of New York City, Inc. (FOTM) for a maximum of _____ hours per week (three months minimum).

If you need to reach me, my phone number is (Day) _____ (Evening) _____ (Cell) _____

Parent/Guardian Signature _____

Date: _____

Please mail completed form to:

Families On The Move of New York City, Inc. (FOTM)
Attn: Human Resources
358 St. Marks Place, Suite 302
Staten Island, NY 10301

FOR FOTM VOLUNTEER SITE SUPERVISOR ONLY

Interview Date _____

Interviewed by _____

Accepted: Yes No

Start Date _____

Assignment _____

Comments _____
