

**The Community Place of Greater Rochester**  
 57 Central Park  
 Rochester, NY 14605  
 Phone: 585.327.7200 Fax: 585.423.7440

Today's Date:	Start Date:
Volunteer/Intern Position:	
PERFORM FINGERPRINT CLEARANCE?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Already Cleared	

## Volunteer/Intern Application

### Personal Information

Last Name,      First				
Permanent Address		Home Phone	Work Phone	Best Time to Call
City	State	Zip	If under 18 years of age, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a crime which has not been expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, when?				
A criminal conviction will not necessarily be a bar to volunteering. To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation				
Emergency Contact Name and Relationship			Emergency Contact Phone Number	
MEDICAID/MEDICARE Excluded Provider Information Have you ever been excluded from participating in a federal, state or private Healthcare program including Medicaid or Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No				

### Volunteer Opportunities and Experience

Have you ever volunteered with our agency in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, when?		In What Position?
Please detail any Previous Volunteer Experience:		
Please Check area of Volunteer Interest:		
<input type="checkbox"/> Academic Tutor	<input type="checkbox"/> Fundraising Activities	<input type="checkbox"/> Computer Instruction
<input type="checkbox"/> Mentor	<input type="checkbox"/> Clerical assistance	<input type="checkbox"/> General
Please indicate any other experience and/or activity you are interested in volunteering for:		
Please indicate days and hours you are available between 8:30 am – 4:00 pm:		Do you need to volunteer as a Community Service requirement? If yes, for how many hours and for what reason (i.e. school etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No

### Education

Name & Location	# Of Years	Curriculum	Degree/Date Received
High School			
College			
Other			

### Certification & Licensing

NY State Certifications/Licenses	Certification/License #	Date Received	Date Expired	Permanent or Provisional

Suspension/Revocation:    Yes    No   If yes, please explain

**Referral Source**

<input type="checkbox"/> Newspaper Advertisement	<input type="checkbox"/> Agency Website	<input type="checkbox"/> Other Website (please identify) _____
<input type="checkbox"/> Relative	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In <input type="checkbox"/> Other

**Employment (begin with most recent employer)**

From	To	Employer	Phone #	City, State
Job Title		Supervisor's Name		
Duties				
Starting Salary		Final Salary	Reason for Leaving	
From	To	Employer	Phone #	City, State
Job Title		Supervisor's Name		
Duties				
Starting Salary		Final Salary	Reason for Leaving	
From	To	Employer	Phone #	City, State
Job Title		Supervisor's Name		
Duties				
Starting Salary		Final Salary	Reason for Leaving	
May we contact your present employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been terminated or released from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**Personal or Business References – Please Indicate three**

Name and Address	Phone Number	Email Address	Occupation

**Applicant Statement**

I have read and fully understand the questions asked in this application. I certify that all answers given by me are true, accurate and complete and understand that the omission and/or misrepresentation of any fact from this application or during any interview will be cause for immediate dismissal from volunteer activities with CPGR. I hereby authorize the Community Place of Greater Rochester to obtain reference information about me and release all persons from liability for doing so.

I understand that while volunteering/interning with CPGR, I agree to abide by all of CPGR's rules, regulations and policies. I further understand that nothing in this application is intended to imply or create an employment relationship or a contract for employment.

\_\_\_\_\_  
Date

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

*All persons shall have the opportunity to be considered for volunteering without regard to their race, creed, color, national origin, sex, age, disability, marital status, sexual orientation or citizenship status.*