



Application for Volunteering

Phelps Community Center • 8 Banta Street , Suite 100 • Phelps, New York 14532

PERSONAL INFORMATION

Please check one: Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Miss ___ Other ___

Please print:

Full Name: _____
Last First Middle Initial

Address: _____
Street Address Apt. #

City State Zip Code

Phone: _____
Home Work Cell

E-mail Address: _____ Date of Birth: _____

EMERGENCY CONTACT INFORMATION

Name: _____
Last First

Address: _____
Street Address Apt. #

City State Zip Code

Phone: _____
Home Work Cell

REFERENCES

Please provide three character references.

Name: _____
First Last Phone

Name: _____
First Last Phone

Name: _____
First Last Phone

VOLUNTEER OPPORTUNITIES

Please circle all of the categories for which you wish to volunteer time. Different opportunities exist within each category.

Care of Athletic Fields	Landscape and Lawn Care
Coaching	Public Relations
Committee Work	Special Events
Facility Upkeep	Special Programs Committee
Fundraising Committee	Supervision

SPECIAL SKILLS / TALENTS / INTERESTS

Please list your skills, talents and interests.

AVAILABILITY

Please indicate which days and times you may be available.

Please check one:	<input type="checkbox"/> Monday	Time:	_____
	<input type="checkbox"/> Tuesday	Time:	_____
	<input type="checkbox"/> Wednesday	Time:	_____
	<input type="checkbox"/> Thursday	Time:	_____
	<input type="checkbox"/> Friday	Time:	_____
	<input type="checkbox"/> Saturday	Time:	_____

APPLICANT'S STATEMENT

I hereby authorize Phelps Community Center to conduct any investigation necessary concerning any part of my background related to the volunteer position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

Applicant's Signature _____ Date _____

Please return completed application to the Phelps Community Center office. Thank you.