



VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY

Called: _____
Assigned: _____
Notes: _____

22 East 30th Street
New York, New York 10016
212.219.2527

****Please attach one letter of recommendation from a professional or academic contact. Applicants cannot be considered until a letter of recommendation has been received.**

Today's Date: _____

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

May we call you at work? Yes / No

Email: _____

Cell Phone: _____

Emergency Contact: _____

Emergency Phone: _____

Current Occupation: _____

Have you done volunteer work before? Yes / No

If yes, please describe. _____

Why do you wish to work with the Open Center? _____

Have you ever taken a class at the Open Center? _____

Special skills (foreign language, computer software, etc.) _____

Limitations/Restrictions: _____

How did you hear about us? _____

What type of volunteer work would you like to do? (Please rank your preference: 1, 2, 3, etc.)

FIRST FLOOR SUPPORT ___ ADMINISTRATION ___ EVENTS. COORD. ___ DEVELOPMENT ___

VOLUNTEER SERVICES ___ MARKETING ___ ON LINE LEARNING ___ SPECIAL EVENTS ___

AVAILABILITY (please specify the hours you are available):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday