Building communities one life at a time

SECTION I
Date _____
Name _____
Address _____ City _____ State _____ Zip _____
Home Phone:_____ Work Phone:_____ E-mail: _____

Are you age 18 or over? Y___ N___
Gender Identity: Female__ Male__ Non-Binary__ Transgender__ Transsexual__ Gender Neutral__
Pronouns: _____

SECTION II
Previous Volunteer Experience:
_____
_____
Occupation (Past occupation if retired): _____
Other information that will help us make a good match (such as education, general interests/hobbies)
_____
_____
Languages Spoken:_____

SPECIAL SKILLS: Put a check in the box next to a skill you know well enough to teach to a group

O *Leading Discussions*	O *Photography*	O *Painting*
O *Accounting*	O *Social Work/Immigration*	O *Gardening*
O *Music Reflections*	O *Geology*	O *Coding*
O *Motivational Interviewing*	O *Nature Study*	O *Papercrafts*
O *Financial Empowerment*	O *Astronomy*	O *Knitting*
O *Creative Dance*	O *Cooking*	O *Card Making*
O *Community Singing*	O *Sports*	O *Jewelry Making*
O *Chess*	O *Resume Building*	O *Puppetry*
O *Movie Operation*	O *Self Defense*	O *Creative Dramatics*
O *Mental Wellness*	O *Swimming*	O *Storytelling/Poetry*

Mosholu Montefiore Community Center
3450 Dekalb Avenue Bronx, NY 10467
Phone: 718. 882.4000 | Fax: 718. 882. 6369 | www.mmcc.org

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Please add any additional skills that you would be willing to share:

_____

_____

SECTION III

Availability and Volunteer Schedule Preferences

Please Check All That Are Applicable:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

What do you hope to get out of your volunteer experience?

_____

_____

_____

SECTION IV

Emergency Contact

Name: _____

Relationship: _____

Telephone Number: _____

SECTION V [References]

Please list two persons we may call who are NOT family, at least one of whom may be your religious or spiritual leader, teacher, employer, or relationship other than a personal friend.

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address_____

Relationship _____

Comments:

I hereby give my consent to contact my references and to conduct a background check.

_____ _____

Signature of Applicant **Date**

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