



259 Monroe Avenue, Rochester, NY 14607
www.preferredcare.org

VOLUNTEER APPLICATION

1. **Name** _____
2. **Address** _____
3. **City/Town** _____ **State** _____ **Zip Code** _____
4. **Telephone #** _____ **Best time to contact** _____
5. **E-mail (Optional)** _____
6. **Date of Birth** _____
7. **Gold Member I.D. #** _____
8. **Gender** Male Female
9. **Marital Status** _____
10. **Name of Emergency Contact/Relationship** _____
11. **Emergency Contact's Telephone #** _____
12. **Race (Optional)**
 - African American
 - Latino/a (including Puerto Rican)
 - Native American
 - Asian Pacific American (including Indian subcontinent)
 - White, Anglo, Caucasian American (non-Latino/a)
 - Other (Specify)
13. **Religious Affiliation (Optional)** _____
14. **Do you have access to a car?** Yes No
15. **Do you have a valid New York State driver's license?** Yes No
If yes, what is your driver's license number? _____

16. What is your availability to volunteer?

Place an "X" in the box to indicate day & time available.

Time of Day	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

17. What is your primary language? _____

18. Do you speak, write or read any other language? Yes No

If yes, please indicate.

Language	Speak	Write	Read

19. Please list your interests, hobbies, and special skills.

20. What prompted your interest in volunteering for Preferred Care?

21. "Something I've always wanted to do is ..."

22. Would you be interested in becoming a member of our Advisory Board?

Yes No

23. Employment History

		Dates of Employment	
Name of Employer	Job Title	From	To

24. Current and previous volunteer experience

		Dates of Service	
Name of Organization	Duties	From	To

25. References

Please list three references, either **personal** or **professional** that you have known for at least one year.

1. Name _____ Relationship _____

Address _____

City/town _____ Zip Code _____

Telephone _____(Day) _____(Evening)

2. Name _____ Relationship _____

Address _____

City/town _____ Zip Code _____

Telephone _____(Day) _____(Evening)

3. Name _____ Relationship _____

Address _____

City/town _____ Zip Code _____

Telephone _____(Day) _____(Evening)

Statement of Applicant

- I certify that the information in this application is correct and complete. I know that any false information in this application can mean that I cannot be a part of the volunteer program.
- I give permission to Preferred Care to contact the references I have given. I agree to the release of this information without liability to the person giving the reference.
- I understand the information given on this application will be kept confidential and will be used by Preferred Care only for internal purposes related to the volunteer program.
- I understand submission of this application does not mean Preferred Care must accept my application, and does not mean I must provide volunteer services to Preferred Care.
- I understand that my being in the volunteer program can be ended by Preferred Care at any time for any reason.

Signature _____ Date _____

