



Contact Information

Name: _____ **Date:** _____

Address: _____

Cell phone: _____ **Home phone:** _____

Email address: _____

Education/Occupation Information - Please circle

I am a current student: yes no If yes: High school College Grad school

Name of school, if applicable: _____

What academic year are you currently in, if applicable?

Freshman Sophomore Junior Senior

I need volunteer hours for school credit: yes no If yes, how many: _____

Occupation/career: _____

Information about your volunteer interests

How did you hear about volunteering at New City?

Please describe why you are interested in volunteering at New City, and any experience you have working with children and youth:

Skills/abilities/gifts/talents/interests

Please indicate any of the following skills or abilities that you possess and may be interested in being involved with at New City:

- | | | |
|-----------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Painting | <input type="checkbox"/> Tutoring
(Academic
area of interest
_____) |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Photography | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Singing | <input type="checkbox"/> Video/film |
| <input type="checkbox"/> Event
planning/food | <input type="checkbox"/> Sports/athletics
(_____) | <input type="checkbox"/> Other
(_____) |
| <input type="checkbox"/> Musical
instrument
(_____) | <input type="checkbox"/> Storytelling | |

Do you have other interests that may apply? _____

Availability – please check or circle appropriate answers

- Teen Tutoring (Adults only)
 - Tuesday evenings (6:30-8:30pm)
 - Saturday afternoons (1:30pm-3:30pm)
- After School Center Tutoring
 - Weekdays, 3:45pm-5:45pm
 - Which day(s) best fit your schedule? Mon Tue Wed Thurs Fri
 - Frequency: Weekly Monthly

Reference - Please list one reference

Name: _____ Relationship to you: _____
Address: _____
Cell phone: _____ Home phone: _____
Email address: _____