



TOWN OF FISHKILL VOLUNTEER APPLICATION FORM

Name:	DOB: Month _____ Date _____ Year _____
Address:	Primary Phone:
Email Address:	Secondary Phone:
Emergency Contact Person:	Relationship:
Emergency Contact Primary Phone Number:	Secondary Phone:

Date

Why are you volunteering?

<input type="checkbox"/> School requirement	<input type="checkbox"/> Work/program requirement	<input type="checkbox"/> Fun/Leisure	<input type="checkbox"/> Court-Ordered	<input type="checkbox"/> Other
---	---	--------------------------------------	--	--------------------------------

Interests and Skills

<input type="checkbox"/> Parks	<input type="checkbox"/> Town Hall	<input type="checkbox"/> Justice Court
<input type="checkbox"/> Recreation	<input type="checkbox"/> Community Service	<input type="checkbox"/> Clerical/Administrative
<input type="checkbox"/> Senior Citizen Programs	<input type="checkbox"/> Special Events	<input type="checkbox"/> Landscaping Projects

Other Interests:

Special Skills:

Employment/School Information

What is your status?	<input type="checkbox"/> In School	<input type="checkbox"/> Employed	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Not Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Other
If applicable, please check one.	<input type="checkbox"/> Middle School	<input type="checkbox"/> High School	<input type="checkbox"/> College	<input type="checkbox"/> Other		
Employer /School Name:				Position Title:		
Employer/School Address:				City, State, Zip Code:		

Volunteer Information

Number of hours to be completed:		Deadline date to complete hours:	
What days are you available to volunteer?	<input type="checkbox"/> Weekday Mornings	<input type="checkbox"/> Weekday Afternoons	<input type="checkbox"/> Weekday Evenings
	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	<input type="checkbox"/> Other

All statements made on this application are true and authorization is given to investigate all matters contained in this application. Any false statements or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at any time during the period of placement.

I understand that I may be subject to a complete background investigation that may include fingerprinting and agree to such. I understand that my appointment would be as a Town volunteer and as such I would not be entitled to Town benefits.

I understand that I am offering my services to the Town of Fishkill without compensation. Once I become a Town volunteer, I agree to abide by all rules, regulations, and policies, either published or in effect by usage, and all rules regulations and laws of the Town of Fishkill and of the State of New York. I agree to conduct myself in a mature, responsible, and professional (if applicable) manner and to remember that I am a representative of Town of Fishkill.

If my volunteer performance or behavior is deemed unacceptable by the Supervisor, I understand that my volunteer appointment may be terminated.

I do further hereby release, absolve, indemnify and hold harmless the Town of Fishkill, its officers, employees, agents, and sponsors, of and from any and all manner of action, suits, damages, or claims whatsoever arising from any loss or damage to the person or property of the undersigned while in possession or under the supervision of the Town of Fishkill. In addition, I hereby waive all claims against the Town of Fishkill, its officers, employees, agents, and sponsors in case of injury to person or property or for any claim whatsoever. I hereby consent to all rules and regulations established and understand that the volunteer coordinator will have final authority. I understand that failure to abide by the above stated guidelines will result in my immediate dismissal at the event site

If the applicant is under 18, parental/legal guardian consent to the applicant's participation in volunteer service is required below. As parent/legal guardian, please sign indicating your consent. By signing below as parent/legal guardian, you will also agree to each and every term and condition contained in the Release and Indemnification Agreement set forth above.

I understand that completion of this application does NOT automatically assure an appointment as a volunteer.

Applicant Printed Name _____

Signature: _____ Date: _____

Parent/Guardian Printed Name _____

(If applicant is a minor)

Signature: _____ Date: _____

(If applicant is a minor)

Office Use Only

Interviewed _____ Background Check _____ Driver's License _____

Appointed _____ Appointment Letter _____

TOWN OF FISHKILL

VOLUNTEER APPLICATION QUESTIONNAIRE

Name of Applicant _____

What would make you a good candidate for being a volunteer in the position that you indicated an interest in? (Special skills, talents, experience, training, etc.)

What type(s) of volunteer position(s) have you held in the past and for what organizations?

Do you have references that we may contact? (Name & phone)

What times/days of the week are you available to volunteer?

Do you have any special needs and/or require special accommodations in order to perform as a volunteer in the position that you indicated an interest in? (If yes, please indicate what)