



WESTBURY VOLUNTEER CORPS APPLICATION FORM

The Westbury Volunteer Corps mission is to inspire and enrich the lives of students and their families in the Westbury community. Becoming a Westbury Volunteer Corps volunteer promises to be a rewarding role for you, as you help to fulfill the potential of the lives you touch. Thank you for taking the next step in helping others in our community. Please fill out the form below and get your Westbury Volunteer Corps seal of approval. *NOTE: All information will be kept confidential and will be used to find the perfect volunteer match for you.*

Directions: Please fill out the form below, print, sign and scan it.
Once scanned, please email the scanned document to westburyvolcorps@gmail.com

SECTION I*

Date _____

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

SECTION II

Occupation: (Past occupation if retired)*: _____

Affiliations (corporate, non-profit)*: _____

Certifications / Licenses / Degrees*: _____

Volunteer type (Select one)*: Mentor Tutor Presenter/Provide a workshop

Volunteer expertise (brief description of the information you would like to provide)*:

Your area of interest (Select all that apply)*: Law Enforcement Culinary Arts Medicine

Agriculture Technology Finance Reading Writing Math

Other information that will help us make a good match (such as education, general interests/hobbies) _____

Previous volunteer experience: _____

Languages spoken: _____

SECTION III*

Availability and Volunteer Assignment Preferences

Please Check All That Are Applicable:

- I Am Available Mornings (Mon-Fri) Afternoons (Mon-Fri) Evenings (Mon-Fri)
 Weekends Once A Week More Than Once Week
 One Time Only As Needed OTHER
- I Could Serve More Than One Person: Yes No

SECTION IV*

Do you have a valid (state) driver's license? Yes No

License Number: _____

Have you ever been convicted of violation of any laws, traffic or otherwise? Yes No

If yes, please explain: _____

Do you have any physical condition that may limit your activities? Yes No

If yes, please describe: _____

Emergency contact name: _____

Emergency contact telephone number: _____

SECTION V* [References]

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

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address _____

Relationship _____

I hereby give my consent to contact my references and contact my employers, past and present.

Signature Of Applicant

Date