

Volunteer Application

Position you are applying for: _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMPLOYMENT/EMPLOYER _____

PROFESSION _____

PHONE H _____ W _____ FAX _____

E-MAIL _____

EMERGENCY CONTACT NAME _____ PH _____

Where did you hear about Rochester Main Street and our volunteer opportunities?

Have you been convicted of a felony within the past five years? YES NO

If YES, please explain:

If you have a disability, what accommodations would you need to do this volunteer position?

When are you available to volunteer?

Time of Day

Day of Week

How often per month?

What attracted you to Rochester Main Street in particular?

What skills, training or knowledge do you wish to utilize at Rochester Main Street?

Describe a personal or work situation when you felt or would feel successful.

What training, resources or support do you anticipate needing to do this volunteer work?

Please provide two personal or professional references:

Name

Phone Number

Relationship

1.

2.

I hereby attest that the above information is true to the best of my knowledge.

Signature

Today's Date: