



**SARATOGA COUNTY
ECONOMIC OPPORTUNITY COUNCIL**
39 Bath Street, PO Box 169, Ballston Spa, NY 12020

For SCEOC Use Only
Received
References
Notification
Dept. Placed
Start Date

Volunteer Application

Directions: *If you need additional space, attach a separate sheet
*Sign the completed application

GENERAL						
NAME (Last)		First	Middle	Today's Date		
Mailing Address - Street		Daytime Phone # ()		Evening Phone # ()		
City	State	Zip Code	Email address if any			
			Birthdate if under 18			
Have you ever volunteered for SCEOC before? If yes, give dates, program, position						
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Date available? From		To	Approximately when and how many hours/week would you like to volunteer?			
VOLUNTEER POSITION: Please check the volunteer role(s) that interest you most.						
<input type="checkbox"/> Food Pantry Assistant <input type="checkbox"/> WIC Intern <input type="checkbox"/> Receptionist, clerical <input type="checkbox"/> Groundskeeper/repair person <input type="checkbox"/> Community Lunch Program/Soup Kitchen Assistant		<input type="checkbox"/> Events/Fundraising committees <input type="checkbox"/> English as a Second Language Classes/LCAP <input type="checkbox"/> Head Start <input type="checkbox"/> VITA – Tax Preparation <input type="checkbox"/> Other: (please specify) _____				
Availability:						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings
<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons
<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings
What interests do you wish to pursue or what do you hope to accomplish by serving as a SCEOC volunteer?						
List your volunteer, paid, or educational experiences that relate to the volunteer position you seek						
Organization/Employer		Position/Activity			Dates	
Describe any education or training that you have had related to the volunteer position you seek. Also describe any Special skills, experiences, or interests along with hobbies, licenses, certifications, or other interests you consider relevant.						



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Accommodations: Given the expectations of the volunteer position for which you are applying, describe any physical or health accommodations that may be needed to allow you to participate in the activity.

REFERENCES: List 2 people, not related to you who have known you at least 3 years that we may contact who have knowledge of your qualifications. Please provide complete addresses.

Name	Mailing Address	Daytime Phone #

Have you ever been convicted of a criminal offense other than a minor traffic violation?

No Yes (If yes) Date(s) _____

NOTE: A criminal record will not necessarily bar an applicant. A criminal record will be considered as it relates to the requirements of the volunteer position for which you have expressed an interest.

Do you possess a valid NYS Driver’s License? Yes No

NOTE: If the volunteer position you seek requires the transportation of others in your personal vehicle or use of SCEOC vehicles, you will be asked to complete a motor vehicle record request permission form.

I affirm that the statements made on this application are true. I understand that misrepresentation or omission of facts requested is cause for my non-appointment or removal as a Saratoga County Economic Opportunity Council volunteer. I authorize Saratoga County Economic Opportunity Council to obtain from all persons, including those not named here, and/or agencies any records, documents, and other information relative to my suitability to perform the duties of the volunteer position. **I understand, if the volunteer position I seek involves unsupervised work with minors, individuals over 65, or individuals with disabilities that a criminal background check including a sexual offender search will be made.** I further release all parties supplying said information from all liability and responsibility arising from their supplying said information.

I understand and agree that the volunteer position at SCEOC for which I am applying, is without compensation or benefits of any kind. I further understand that the provisions of this application do not constitute a contract (either expressed or implied) of employment between SCEOC and me. I further understand and agree that if I am offered and accept a volunteer position at SCEOC, either I or SCEOC, may terminate the volunteer relationship at any time for any reason or for no particular reason or cause. SCEOC reserves the right to determine and change its policies and procedures applicable to volunteers at any time for any reason. I understand and agree that my volunteer position is contingent upon, among other things, my signing the SCEOC Volunteer Agreement and acceptance of the provisions of the SCEOC Volunteer Code of Conduct.

Signature _____ Date _____

IF UNDER 18 YEARS OF AGE: Parent/Guardian Signature: _____

EMERGENCY CONTACT - In case of emergency, please contact:

Name _____ Relationship to you _____

Address _____

Phone number _____ Alternate _____