

914-319-1609

PO Box 815, White Plains, NY 10602 aipwhiteplains@gmail.com

APPLICATION FOR VOLUNTEER POSITION

PERSONAL INFORMATION

Your name:								
Title First	M.I. Last							
Preferred name:	Gender: M_	F						
Address:	City:	StateZIP						
Telephone: Home	Cell							
Email:		Date of Birth						
HIGHEST LEVEL EDUCATION CO	OMPLETED:		_					
ways in which you wish to a.) transportation/driving c.) home repairs d.) food s e.) clerical assistance in member'	b.) friendly visits: home hopping for home bound	ne phone calls d	-					
SPECIALIZED AREAS OF KNOWN a.) Social Security details b.) e.) other								
SERVICE YOU COULD PROVIDE	TO A HOUSEHOLD:							
A.) mowing lawn B.) clean D.) raking leaves OTHER								
PLEASE PROVIDE ANY BACKGR VOLUNTEERING:	OUND EXPERIENCE WH	HICH WILL RELATE TO						
WHAT OTHER VOLUNTEER EXF	PERIENCES HAVE YOU F	HAD?						

AIPWP - Volunteer Application - page 2

		eering to driv Please sign bo				ıformation	for a	
X	X Date							
IF YOU PL	LAN TO BE I	NVOLVED W	ITH TRANSI	PORTATIO	N, WE NEE	D TO KNOV	V:	
DRIVER'S LICENSE: State: License #								
AUTO INSURANCE COMPANY:			POLICY #					
YES	_NO IF YE	TRAFFIC OR S, PLEASE EX	PLAIN:					
		MES ARE YOU						
Monday		<u>Wednesday</u>	_			-		
_	_	morning	_			_		
afternoon	afternoon	afternoon	afternoon	afternoon	afternoon	afternoon		
	NCY CONTA	CTS:					_	
		PHONE:						
NAME:								
RELATIONSHIP:			PHONE:					
I certify th that this p	osition is str	mation provid rictly as a volu sition of empl	ınteer and th					
SIGNED:				DATE:				
PRINT NA	ME:							