



# Prospect Child & Family Center

*Sharing Visions: Building Futures*

## Volunteer Application Form

Volunteer Coordinator  
133 Aviation Road  
Queensbury, NY 12804

Phone: (518) 798-0170

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Are you at least 16 years of age? Yes / No

Hours available: (please insert times)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

### Availability

Can you volunteer on a regular basis? Yes / No

Are you available throughout the year? Yes / No

Available on short notice for special projects? Yes / No

Our Volunteers are offered a variety of assignments including administrative support, special events staffing, etc. Do you have any knowledge or experience in **any** of the following? If yes, please circle **all that apply**:

Telephone                      Typing/Clerical                      Computer/Word Processing

Publishing                      Art/Design                      Photography

**Mailings**                      **Cashier**                      Computer/Database Management

Other Special Interests: \_\_\_\_\_

**Any Limitations:** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of emergency or illness, please notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

If you have a medical condition that we need to be aware of please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to us by mail [attention:](#)

Volunteer [Coordinator](#)  
Prospect Child & Family Center  
133 Aviation Road  
Queensbury, NY 12804

[Or fax this form to:](#) (518) 792-7913