



Shelters of Saratoga

Hope lives here

Volunteer Application

Return application to: info@sheltersofsaratoga.org

Date: _____

Contact Information

Name	
Address	
Cell Phone	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available to volunteer?

Monday	Tuesday	Wednesday	Thursday	Friday

How often are you interested in volunteering?

Daily ____ Weekly ____ Monthly ____ Occasionally ____

INTERESTS

Please tell us which areas you are interested in volunteering:

- Administrative/Clerical Grant Writing/Research Street Outreach
 Special Events Planning Board Grounds/Handyman Food
 Pantry/Cleaning Job Search Assistance Shopping/Driver
 Fundraising/Donation Drive Meal Prep Other:

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, education, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

How did you learn of the opportunity to volunteer at Shelters of Saratoga? _____

Do you have any physical limitations? _____

Is it okay to add your name and phone number to our volunteer phone list? yes no

Criminal Background

Have you ever been convicted of a crime or do you have any charges pending?

References

Please provide contact information for three references who can speak about your work ethic, and

responsibility.

Name	Phone Number	Email	Relationship

Person to Notify in Case of an Emergency

Name	
Address	
Cell Phone	
Home Phone	
Work Phone	
Relationship	

Affirmation and Confidentiality Agreements and Signature

Affirmation: By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Confidentiality: The Shelters of Saratoga, Inc. is committed to keeping all aspects of the client relationships with the agency confidential to the fullest extent possible. This agency considers a client who seeks and/or receives the agency's help in any other form whether or not formally registered in agency records, information about a client may be released only with the written consent of that client or by written order of a judge.

I have read, understand, and agree to the above.

Name (printed)	
Signature	
Date	

Parental Consent (If under 18 years of age)

Parent Name (Printed)	
Parent Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and your interest in volunteering with us.

For office use only: __ References Checked__ Background Check Completed __Entered Into Database