



# 50 Forward MV Volunteer Center

## Discover Volunteering



### Volunteer Application

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/ State/ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you a Veteran: Yes \_\_\_\_ No \_\_\_\_ Are you family of a Veteran? Yes \_\_\_\_ No \_\_\_\_

Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Previous Occupation and/ or Volunteer work: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Days and times you are available: \_\_\_\_\_

Any Disabilities? Yes \_\_\_\_ No \_\_\_\_

Are there any health conditions that should be taken into consideration in arranging your volunteer assignments? Yes \_\_\_\_ No \_\_\_\_

If yes please explain: \_\_\_\_\_

Area (s) of interest (Check all that apply):

#### Programs and Classes

- ☐ Instructor: \_\_\_\_\_
- ☐ Senior Theatre
- ☐ AARP Tax Aide
- ☐ Bill Payer Volunteer
- ☐ Silver-tones

☐ Other: \_\_\_\_\_

#### Transportation

- ☐ NEMT Driver
- ☐ Van Driver

#### Special Projects

- ☐ Events (Clean up, Set up, Bake Sale)
- ☐ Community Partner: \_\_\_\_\_
- ☐ Popup Project: \_\_\_\_\_

#### Administrative/ Clerical

- ☐ Receptionist
- ☐ Data Entry
- ☐ Newsletter

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Director

\_\_\_\_\_  
Date

**50 Forward Parkway**  
220 Memorial Parkway  
Utica, NY 13501  
315.223.3973

**50 Forward West Side**  
717 Court Street  
Utica, NY 13502  
315.917.3317

**50 Forward Verona Beach**  
6734 NYS Route 13 P.O Box 310  
Verona Beach, NY 13162  
315.235.2029

Email: [info@50forwardmv.org](mailto:info@50forwardmv.org) ~ Website: [50forwardmv.org](http://50forwardmv.org)

FOR OFFICE USE ONLY:

☐ Volunteer Resource Center Agency    ☐ 50 Forward MV Agency    ☐ Community Partner

Volunteer Placement: \_\_\_\_\_