



VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell _____
Work Phone _____ Email _____
Gender: Female Male

AGE RANGE

12-18 18-24 25-34 35-44 45-54 55+

EDUCATIONAL BACKGROUND

High School College Graduate Degree

EMPLOYMENT INFORMATION:

Current Employer _____
Position/Title _____
Business Address _____
Business Telephone _____

SPECIAL SKILLS & QUALIFICATIONS

Summarize special skills and qualifications acquired from employment, volunteer work or other experience such as hobbies, sports, etc.

REASON FOR VOLUNTEERING

DESCRIBE YOUR EXPERIENCE WORKING WITH CHILDREN (Parenting, coaching, etc.)

AREAS OF INTEREST (choose all that apply)

- After-School Activities (3:45 – 5:45 pm)
- Summer Program (July and August)
- Reading Room/Tutoring (daytime)
- Library Assistance (daytime)
- Mentoring
- Classroom Assistance (daytime)
- Administrative Help
- Special Events
- Other _____

VOLUNTEER LOCATION INTEREST (choose all that apply)

- Storefront Academy Harlem
- Storefront Academy South Bronx

DAY AND TIME AVAILABILITY (choose all that apply)

Date	Time
<input type="checkbox"/> Monday	_____ To _____
<input type="checkbox"/> Tuesday	_____ To _____
<input type="checkbox"/> Wednesday	_____ To _____
<input type="checkbox"/> Thursday	_____ To _____
<input type="checkbox"/> Friday	_____ To _____
<input type="checkbox"/> Saturday	_____ To _____
<input type="checkbox"/> Sunday	_____ To _____

ADDITIONAL INFORMATION

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Do you have First Aid or CPR training? Yes No

OTHER INFORMATION YOU WOULD LIKE TO SHARE _____

SIGNATURE _____

DATE _____

Please email this form to volunteer@cstorefront.org or fax to 212.348.2988, attn: Volunteering. For more information, call 212.427.7900 or email volunteer@storefrontacademy.org. Thank you for your interest in volunteering with Storefront Academy!