



Lockport C.A.R.E.S., Incorporated
 188 and 192 Genesee Street / PO Box 586
 Lockport, New York 14095
 Phone: 716-438-2273 Shelter: 716-280-3444

*Please print and sign in
 black or blue ink and
 Return to Lockport CARES
 or send to the P.O. Box*

Application for Lockport C.A.R.E.S, Inc. Volunteers

Last Name _____ First Name _____ MI _____

Other names you have used _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____ Text? _____

Email _____ D.O.B. _____

Check Appropriate Employed Unemployed Student Retired

Employer/School _____

Title/Position _____

Employer/School Contact _____

Phone Number _____ May we contact if necessary? _____

Have you been convicted of a crime within the last seven years? _____

Are you on Parole or Probation? If so, completion date: _____

Emergency Information:

Emergency Contact _____ Relationship _____

Phone Number _____
Home Cell Work

Preferred Hospital _____

Doctor's Name & Phone Number _____

Do you have any health or physical limitations that could affect your volunteer assignment? Yes No

If yes, please explain _____

How did you learn about Lockport CARES, Inc.?

Please list/include name of Friend, Family, Church, Community Organization, etc.

Please indicate name, phone number and relationship of any Lockport CARES **Volunteer**:

Name _____ Phone _____ Relationship _____

Please list three **References** below:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____



Previous or current volunteer experience? _____

Education background, hobbies or special interests _____

What is your experience working with the homeless population or people in need? _____

In which areas of Lockport CARES, Inc. would you be interested in volunteering?

Administrative

- Data Entry/Typing
- Reception/Phones
- Filing/Paperwork
- Photocopying, Printing & collating forms

Building & Grounds

- Gardening
- Lawn care
- Maintenance
- Painting, *as needed*

House Maintenance

- Cooking/Kitchen work
- Cleaning
- Laundry
- Sorting donations

Extras

- Newsletter Production
- Mailings
- Fundraising
- Public Relations

Special Skills

- Phone Intake - Admission
- Scheduling Volunteers
- Volunteer Support
- Bi-Lingual
- Training

Direct Care

- Morning
- Early Evening
- Late Evening
- Overnight
- Living Well Program**

Day/Time Availability: (Check the times/days you are available)

- | | | | |
|--|-------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> 7am - 9am+ | <input type="checkbox"/> 6pm - 8pm | <input type="checkbox"/> Sunday | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> 9am - 1pm (snow days) | <input type="checkbox"/> 8pm - 11pm | <input type="checkbox"/> Monday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> 1pm - 4pm (snow days) | <input type="checkbox"/> 11pm - 7am | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> 4pm - 6pm (snow days) | Portion of (details please) _____ | | <input type="checkbox"/> Saturday |

I am interested in volunteering _____ hours per week.

Exceptions to availability (List dates & times only. Do Not include reasons): _____

**** Lockport CARES, Inc. requests you do not transport anyone, anywhere. ****

Applicant's Statement

I hereby affirm the information provided on this application is true and complete to the best of my knowledge and agree to have any of the statements checked by the organization or its representatives. I understand providing any false or misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in my immediate termination even if discovered at a later date.

I authorize representatives of Lockport CARES, Inc. to conduct a thorough investigation of my activities and authorize all references provided in this application, as well as all other individuals whom the Organization or its representatives may contact, to provide all information they have about me. Furthermore, I agree to cooperate in such investigation, and release from all liability or responsibility of the Organization, all persons and entities acting on its behalf and all persons and entities requesting or supplying such information.

Date Signature of Applicant

For Office Use Only:

Application Date _____ Sex Offender Registry? Non-Offender or Offender BkgrdCk Submitted Returned

Voln Hold Harmless Agrmt Signed _____ Tour Date _____ Orientation (Training) Date _____

Initial _____ Initial _____ Initial _____

Application Approved Yes No Comments _____

Additional comments _____
or training (what/when) _____