



Volunteer Application Age 18+

Service up to one week (single event)

Return this completed application to
Volunteer Services at 790 Park Avenue, Huntington, NY 11743

Volunteer Information

Last Name: _____ First Name: _____ Age: _____

Address: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

Signature: _____ Print: _____

Emergency Contact

Last Name: _____ First Name: _____ Relationship _____

Address (If different): _____

Primary Phone: _____ Alternate Phone: _____ Email: _____

Have you ever been convicted of a criminal offense other than traffic violations? Yes No

If Yes: Date, nature of offense, disposition: _____

Note: A criminal record will not necessarily bar an applicant; it will be considered as it relates to the specifics of the volunteer position.

I hereby give permission to FSL to use, without compensation, my name and/or my child's name, image, video, photograph and/or other media public information I have provided, for use in the agency's public relations publicity, and/or fundraising efforts. I realize that my photograph and/or description of my work on behalf of or with FSL may appear from time to time, in various newspapers, magazines, or other news media. Yes No

Signature: _____ Print: _____

Date: _____

Staff Use Only: Initials _____

Date(s) of Services _____

FSL does not discriminate on the basis of race, color, national origin, gender, age, religion, sexual orientation, or disability in admission or access to treatment, employment, or volunteerism in its programs and activities.