

Volunteer Application Age 16 to 17

Service up to one week (single event)

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

Volunteer Information		
Last Name: First Na	ame: Age:	
Address:		
Primary Phone:Alterr	nate Phone:	
Email:Signat	ture	
Parent/Guardian Information		
Last Name: First Name:	Relationship	
Address (If different):		
Primary Phone:Alternate Phone:		
Email:		
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	er than traffic violations? □ Yes □ No	
If Yes, please explain:		
Note: A criminal record will not necessarily bar an applicant; it will be cons	idered as it relates to the specifics of the volunteer position.	
I hereby give permission to FSL to use, without compensation, my and/or other media public information I have provided, for use in t efforts. I realize that my photograph and/or description of my worl in various newspapers, magazines, or other news media.	the agency's public relations publicity, and/or fundraising k on behalf of or with FSL may appear from time to time,	
As the parent or legal guardian of (Please Print):	. age: . l give	
my permission for this child to volunteer with Family Service L		
volunteers and other organizations associated with this event	from any and all claims or liability.	
Signature:	Print:	
Signature:(Parent or Guardian		
Staff Use Only: Supervisor	Pate:FSL does not discriminate on the basis of race, color, national origin, gender, age, religion, sexual orientation, or disability in admission or to treatment, employment, or volunteerism in its programs and activ	
Date(s) of Services		
Program/Event		