



## 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: \_\_\_\_\_

Staff Use Only:

Supervisor \_\_\_\_\_

Date(s) of Services \_\_\_\_\_

Time of Service: \_\_\_\_\_

Program/Event \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

*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.*