

Program/Event_

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 N	lame:Age:
Address:	
Primary Phone:Alter	nate Phone:
Email:Signa	ture
Parent/Guardian Information	
Last Name: First Name:	Relationship
Address (If different):	
Primary Phone:Alter	nate Phone:
Email:	
Emergency Contact	
Last Name: First Name:	Relationship
Address (If different):	
Primary Phone:Alternate Phone:	
Have you ever been convicted of a criminal offense other. If Yes, please explain: Note: A criminal record will not necessarily bar an applicant; it will be con	
I hereby give permission to FSL to use, without compensation, my and/or other media public information I have provided, for use in efforts. I realize that my photograph and/or description of my work in various newspapers, magazines, or other news media.	the agency's public relations publicity, and/or fundraising rk on behalf of or with FSL may appear from time to time,
As the parent or legal guardian of (Please Print):	age: I give
my permission for this child to volunteer with Family Service volunteers and other organizations associated with this event	League. I release Family Service League, its employees,
Signature:(Parent or Guardian	Print:
(Parent or Guardian	Date:
Staff Use Only:	Date: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
Supervisor	
Date(s) of Services:	
Time of Service	