



C u m b e r l a n d , R h o d e I s l a n d

Volunteer Application

Date: _____ Name: _____ Circle: adult/teen*

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____

Emergency Phone: _____ Medical info: _____

Work Skills:

- Building Maintenance
- Data Management
- Finance
- Graphic Design
- Public Relations
- Teaching
- Technology
- Web design
- Writing

Position(s) of interest:

- Administrative
- Assisting Teachers
- Event planning
- Front Desk
- Fundraising
- Grant Writing
- Marketing
- Special Projects
- Teaching/Tutoring/Subject: _____

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- I have reliable transportation. If not, please explain how you will get to OCYL:

- I am interested in a “regular” volunteer position and am willing to commit to a set schedule. I realize that by doing so the OCYL relies on my being there at the times I have committed to.

- I am interested in being on a “contact list” for volunteer projects as needed.

* Teens must have a parent sign this application and be at least 12 years old.

Please tell us why you want to volunteer at OCYL: _____

How did you hear about volunteering at OCYL? _____

Please provide a brief educational history:

Most recent or current school: _____

Graduated? Yes/No Expected Grad Date: _____ Degree Earned: _____

Areas of interest: _____

Please provide any relevant employment history: _____

Please describe any previous experience including courses, language skills, special training, computer skills, or other talents in relation to your interest at OCYL and additional comments.

Please describe any physical limitations or health problems that may affect your volunteering:

Please list two references:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

OCYL Volunteer Agreement

I understand that as a volunteer, I will not be entitled to monetary compensation for the work that I perform or be entitled to worker's compensation in the event of personal injury. The OCYL reserves the right to periodically evaluate and terminate volunteer services should my responsibilities not be fulfilled to satisfaction.

Signature: _____ Date: _____

If applicant is a minor: _____ Date of Birth: _____

Parent Name: _____

Parent Signature: _____

Thank you for offering to volunteer! We will contact you when we have a position or project available that suits your skills and schedule. Please send or drop off your application to OCYL.

3/25/11