



**VOLUNTEER APPLICATION FORM 2009**

(Please Print)

**Personal Information**

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:  Home \_\_\_\_\_;  Cell: \_\_\_\_\_;  Work: \_\_\_\_\_

Please check  a box above to indicate your preferred phone contact number.

E-mail Address: \_\_\_\_\_ Date of Birth (mo/day/yr): \_\_\_\_\_

**Professional/Educational Information**

Employer's Name and Address: \_\_\_\_\_

Describe the nature of your work: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Full/Part-Time: \_\_\_\_\_

Name of School(s) and Degree/Year: \_\_\_\_\_

Course of Study or Major: \_\_\_\_\_

**Volunteer Interests and Experience**

Experience or special interests you would like to draw on as a volunteer (Please check  all that apply):

- Customer Service/ Community Outreach
- Teaching/ Tour Guide/ Presentations
- Translation (specify languages) \_\_\_\_\_
- Gardening/ Landscaping
- History/ Preservation
- Other \_\_\_\_\_
- Office Help

Please describe any relevant experience or training, including previous volunteer work:

\_\_\_\_\_  
\_\_\_\_\_

How did you learn about our volunteer program? \_\_\_\_\_

**We are most in need of help on Saturdays and Sundays.** Please check the days and times you are available.

- |           |                                  |                                    |                 |   |   |
|-----------|----------------------------------|------------------------------------|-----------------|---|---|
| Tuesday   | <input type="checkbox"/> morning | <input type="checkbox"/> afternoon | Friday          | <input type="checkbox"/> morning        | <input type="checkbox"/> afternoon        |
| Wednesday | <input type="checkbox"/> morning | <input type="checkbox"/> afternoon | <b>Saturday</b> | <input type="checkbox"/> <b>morning</b> | <input type="checkbox"/> <b>afternoon</b> |
| Thursday  | <input type="checkbox"/> morning | <input type="checkbox"/> afternoon | <b>Sunday</b>   | <input type="checkbox"/> <b>morning</b> | <input type="checkbox"/> <b>afternoon</b> |

Approximately how many hours do you wish to volunteer on Governors Island?

\_\_\_\_\_ hours per day \_\_\_\_\_ hours per week \_\_\_\_\_ hours per month

**References**

Personal: Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Business: Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**Signature:** \_\_\_\_\_

Please fax to 212-480-4320 or mail to GIPEC Volunteers, 10 South Street, NYC, 10004. *Thank you for your interest!*