



Girls Incorporated of New York City Volunteer Application

All volunteer candidates are required to complete a volunteer application. Please complete the information below and email to volunteer@girlsincnyc.org or fax to 212.531.7622. You will be contacted by the office within 3 business days. Girls Incorporated of New York City reserves the right to decline a volunteer for any reason at any time.

Personal Information

| | | |
|--|---------------------|---------------------|
| Last Name: | | First Name: |
| Date of Birth / / | Email Address: | |
| Street Address: | City, State: | Zip Code: |
| Home Phone: () | Work Phone: () | Cell Phone: () |
| Current Occupation: | | |
| <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student | | |

Work History

| | |
|----------------------------|-------------------------|
| Current/Most Recent Title: | From ___/___ to ___/___ |
| Company: | |
| City/State: | |
| Telephone: () | |
| Previous Position: | From ___/___ to ___/___ |
| Company: | |
| City/State: | |
| Telephone: () | |
| Previous Position: | From ___/___ to ___/___ |
| Company: | |
| City/State: | |
| Telephone: () | |

Previous volunteer experience:

| | |
|-------------------|-------------------------|
| Institution Name: | From ___/___ to ___/___ |
| Position held: | |
| Institution Name: | From ___/___ to ___/___ |
| Position held: | |

Education history:

Name of High School:

City/ State:

Graduation Date:

Name of College Institution:

Major/ Minor:

Degree Acquired:

Name of Graduate Institution:

Area of Study:

Degree Acquired:

Professional References: (please list two people unrelated to you who can speak about your volunteer or work experience)

Name:

Relationship:

Phone: ()

Email:

Name:

Relationship:

Phone: ()

Email:

Time commitment & availability: (please include times if able)

| Program Hours | Monday | Tuesday | Wednesday | Thursday | Friday |
|-------------------------|--------|---------|-----------|----------|--------|
| Morning 8 am- 2 pm | | | | | |
| Afternoon 2 pm- 6 pm | | | | | |
| Evening 6 pm- 8 pm | | | | | |

For how long would you like to commit your time?

 0 - 3 months 3 - 6 months 12 + months

How often are you able to volunteer?

 Monthly Weekly Occasionally

How did you hear about Girls Inc?

Have you volunteered with us before? *Please describe.*

Would you be interested in doing an internship for college credit?

 Yes No

Volunteer interests & skills: What areas are you interested in teaching or coaching?

Would you rather be a...

- Homework helper (1 volunteer to 15 students) Tutor (One on one) Committee member
 Guest speaker/ workshop presenter Administrative support Other _____

Subject areas for tutoring:

- English
 Foreign Language- *please specify*:
 History
 Math
 Science- *please specify*

Please list other areas of expertise:

Sports:

Music/ Dance/ Arts:

Office skills:

College Prep: (SAT/ ACT Prep, Admission Essays, Financial Aid Forms, Applications, etc.)

Preferred age group:

- Elementary School Middle school High School

Additional Skills/ Comments:

Background Information:

Have you ever been convicted of a crime? *If yes, please describe.*

Permission to complete background check:

I give permission for Girls Incorporated of New York City to perform a check of my background, including: criminal record, past employment and volunteer history, educational and professional status and personal references. I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from acceptance into the Girls Inc. volunteer program. I understand that information collected during this background check will be limited to that which is appropriate to determining my suitability for particular types of volunteer projects and that all such information collected during the check will be kept confidential. I understand that Girls Incorporated of New York provides equal volunteer opportunities to all qualified applicants without regard to race, religion, color, sex, gender, age, disability, marital status, sexual orientation, socioeconomic status, veteran status or national origin. I hereby also extend my consent for fingerprinting and extend permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer project and such other information as they deem appropriate.

Applicant Signature:

Date: