



Oswego Industries/Arc of Oswego County
7 Morrill Place
Fulton, NY 13069

NAME (please print): _____

HOME ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

DRIVER'S LICENSE: ___ YES ___ NO License ID#: _____

OCCUPATION: _____

IN CASE OF EMERGENCY NOTIFY:

Name: _____ Phone: _____

EDUCATION/SPECIAL TRAINING: _____

IF YOU ARE VOLUNTEERING FOR CREDIT, PLEASE ANSWER:

Name of school: _____ Hours Required: _____

Name of Instructor: _____ Phone: _____

HOBBIES/SPECIAL INTERESTS: _____

DO YOU HAVE ANY MEDICAL OR PHYSICAL LIMITATIONS? ___ Yes ___ No

Specify: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ____ Yes ____ No

If yes, date of conviction _____

Nature of Offense _____

(A conviction is not an automatic bar to serving, each case is considered individually.)

HOW DID YOU HEAR ABOUT OSWEGO INDUSTRIES/ARC OF OSWEGO COUNTY?

WHY DO YOU WANT TO VOLUNTEER? _____

WHAT TYPE OF WORK ARE YOU MOST INTERESTED IN?

Advocacy

Carpentry, Painting, Yard

Cooking, baking

Fund Raising

Housekeeping

Office Work

Instruction Aide

Recreation

Religious Liaison

Sewing, Mending

Special Olympics

Other

NUMBER OF HOURS YOU WISH TO WORK PER WEEK: _____

DAYS PREFERRED _____ am ____ pm ____

PLEASE GIVE TWO REFERENCES OTHER THAN RELATIVES:

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

I certify that I have read, discussed, and fully understand the above and that all statements made on this application are true. I understand that any untrue statement may be grounds for termination of volunteer service.

* SIGNATURE _____

DATE: _____

* INTERVIEWER _____

DATE: _____