



# The Neighborhood House

CONNECT. HOPE. HEAL.

## VOLUNTEER APPLICATION

Our organization encourages the participation of volunteers who support our mission. If you are interested in volunteering, please complete the information below and return this application to [info@tnh-hope.org](mailto:info@tnh-hope.org). A member of our team will review all completed applications and contact you with further information. Thank you for your interest in supporting The Neighborhood House.

### INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Education [highest level]: \_\_\_\_\_

### EMPLOYMENT

Current Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Dates of Employment: \_\_\_\_\_

### REFERENCES

[please provide three]

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## SKILLS & EXPERIENCE

Special Training, Skills, Hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Affiliated Organizations or Groups: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explanation of Prior Volunteer Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What experience or skills do you have that you feel may be of service to The Neighborhood House? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you want to volunteer for The Neighborhood House of Sayville? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When are you available to volunteer [please specify days and hours of availability]? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime? If yes, please explain the nature of the crime and date of conviction? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Please read the following carefully before signing this application:**

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with The Neighborhood House this is true, correct and complete to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by The Neighborhood House. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with The Neighborhood House or my termination as a volunteer.

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