**Text

Description automatically generated**Partnership for Ontario County, Inc.

**Volunteer Application**

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| --- | --- |
| **Name:** Click or tap here to enter text. | **Pronouns:** Click or tap here to enter text. |
| **Today’s Date:** Click or tap here to enter text. | **Date of Birth:** Click or tap here to enter text. |
| **Phone:** Click or tap here to enter text. | **Email:** Click or tap here to enter text. |
| **Mailing Address:** Click or tap here to enter text. |  |

**Do you participate in any of our programs?** *(if yes, please list below)* Yes No

\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment:**  Occupation: \_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_

Retired  Student  None

**How did you hear about us?** \_\_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which program(s) are you interested in volunteering with?** *(check all that apply)*

The Community Support Center  EPIC Zone: A Youth Clubhouse

Leadership Ontario  The Partnership (Admin)

Ontario County Youth Court Substance Abuse Prevention Coalition

Ontario County Suicide Prevention Coalition

**What types of volunteer work are you interested in doing?** *(check all that apply)*

Fundraisers:

Golf Tournament

5K Walk/Run

Representing the Partnership or its programs at health fairs, festivals, community events, etc.

Administrative/Office Duties

Translation *(list languages you are comfortable translating to/from): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

ASL Interpretation

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**When are you available to volunteer?** *(check all that apply)*

Days: Weekends  Weekdays Time of Day: Days  Evenings

***(please continue to other side)***

**What skills or volunteer experience do you bring to the Partnership?** Ex: HR, grant writing, fundraising, etc.

\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is there anything you would like us to know about you, such as physical limitations or medical conditions that require our attention?**

\_\_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Person to Contact in Case of Emergency:** Click or tap here to enter text. |  |
| **Relationship:** Click or tap here to enter text. | **Phone Number:** Click or tap here to enter text. |

**Please note: all volunteers will be expected to do the following:**

**○** Provide their own transportation.

○ Follow the Partnership’s Covid-19 safety precautions and procedures. As the recommendations are

regularly changing, updated policies will be posted on the website.

○ Abstain from substance use, other than physician-approved use of prescribed medications.

○ Follow the Partnership’s policy to provide equal opportunities without regard to race, color, religion,

national origin, gender, sexuality, age, or disability.

***It is the policy of the Partnership for Ontario County and its programs that a volunteer will never be left alone with anyone under the age of 18. By signing this form, you are affirming that you are willing to have a background check performed at any time.***

***I affirm that the facts stated in this form are true, and agree to follow the policies of the Partnership for Ontario County, Inc. during my time as a volunteer.***

**Name (Printed):** \_\_\_\_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**Click or tap here to enter text.

**Signature:** \_\_\_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For Office Use:*** Interview Date: \_Click or tap here to enter text.\_\_ Inactive Date: \_Click or tap here to enter text.

Comments: \_\_\_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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