



## VOLUNTEER APPLICATION

The information you provide on this form enables us to find a volunteer role(s) that best fit you and to ensure the safety of all volunteers, staff, program participants and clients. Thank you for your interest and we look forward to having you involved!

Please bring this completed application to Deb Scher (in 1<sup>st</sup> floor membership office). For questions contact: [volunteers@mannycantor.org](mailto:volunteers@mannycantor.org) or 646-395-4184.

### PERSONAL INFORMATION

NAME:	EMAIL:
PRIMARY PHONE #:	ALTERNATE PHONE #:
STREET ADDRESS:	CITY, STATE, ZIP:
BIRTHDATE ___/___/___	Does your company have a matching gift program for volunteers? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE
COMPANY/SCHOOL/AFFILIATION:	Does your company provide time off for you to volunteer? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE
JOB TITLE/MAJOR:	OCCUPTATION:
EMPLOYMENT/EDUCATION – Please check all that apply: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed <input type="checkbox"/> Student <input type="checkbox"/> Other (explain) _____	
EMERGENCY CONTACT NAME: _____ PHONE: _____	
RELATIONSHIP: _____	
<b>I heard about volunteering at the Manny Cantor Center from:</b>	
<input type="checkbox"/> MCC Fitness Member <input type="checkbox"/> MCC Senior Center Member <input type="checkbox"/> Email <input type="checkbox"/> Media <input type="checkbox"/> Special Event <input type="checkbox"/> Friend of Colleague <input type="checkbox"/> Preschool/Head Start Parent <input type="checkbox"/> UJA Federation <input type="checkbox"/> Employer <input type="checkbox"/> Flyer <input type="checkbox"/> Internet Search <input type="checkbox"/> Other (please explain): _____	

### SKILLS & INTERESTS

<b>I want to GET INVOLVED with</b> (please check all that apply):
<input type="checkbox"/> Community Outreach <input type="checkbox"/> Customer Service <input type="checkbox"/> Data Entry <input type="checkbox"/> Office Support <input type="checkbox"/> Events <input type="checkbox"/> Fundraising <input type="checkbox"/> Cooking <input type="checkbox"/> Serving Meals <input type="checkbox"/> Graphic Design <input type="checkbox"/> Translation <input type="checkbox"/> Tutoring <input type="checkbox"/> Mentoring <input type="checkbox"/> Other (please explain): _____
<b>My Talents and Skills include</b> (please check all that apply):
<input type="checkbox"/> Administrative/Office <input type="checkbox"/> Art <input type="checkbox"/> Computers/Technology <input type="checkbox"/> Event Planning <input type="checkbox"/> Graphic Design <input type="checkbox"/> Finance <input type="checkbox"/> Photography <input type="checkbox"/> Teaching/Tutoring <input type="checkbox"/> Translation <input type="checkbox"/> Social Media <input type="checkbox"/> Video/Film <input type="checkbox"/> Writing <input type="checkbox"/> Kitchen Skills <input type="checkbox"/> Other (please explain): _____
<b>I'm interested in volunteering with</b> (please check all that apply):
<input type="checkbox"/> Early Childhood <input type="checkbox"/> Teens <input type="checkbox"/> Older Adults <input type="checkbox"/> Marketing & Communications <input type="checkbox"/> Administration <input type="checkbox"/> Kitchen <input type="checkbox"/> Community Events <input type="checkbox"/> Other (please explain): _____
<b>What languages do you know (other than English)?</b> Please list language & level of fluency.
_____

### AVAILABILITY & FREQUENCY

<b>I want to volunteer</b> (please check all that apply):
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Project Based <input type="checkbox"/> Once in a while <input type="checkbox"/> One time <input type="checkbox"/> Other (please explain): _____
<b>My general availability is</b> (please check all that apply):
<input type="checkbox"/> Weekday mornings <input type="checkbox"/> Weekday afternoons <input type="checkbox"/> Weekday evenings <input type="checkbox"/> Weekend events <input type="checkbox"/> Flexible

## LEGAL INFORMATION

### BACKGROUND CHECK AUTHORIZATION

I authorize and give consent for Educational Alliance, Inc. and its affiliates to perform a criminal background check and a sex offender registry check before beginning my volunteer assignment. It is up to the discretion of the agency to accept me as a volunteer, based on the results.

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

### CONFIDENTIALITY AGREEMENT

I understand that in assuming my responsibilities as a Volunteer for Educational Alliance Inc. and its affiliates, I may have access to information which is proprietary to Educational Alliance Inc. and its affiliates and/or personal information about clients of the Agency. In keeping with the professional standards and ethics of Educational Alliance Inc, I will consider all such information strictly confidential and will not share copy, discuss or distribute such confidential information with any unauthorized person inside or outside of the agency

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

### WAIVER

I agree to the following: I attest that I am physically fit and prepared for my volunteer assignment. In consideration of my acceptance as a volunteer, I hereby agree to release, discharge, waive and relinquish Educational Alliance Inc. and its affiliates and sponsors and its and their officers, directors, employees, representatives and agents, from any and all claims for expenses, personal injury, losses, damages or wrongful death that may be incurred or caused during or in connection with my volunteering, whether arising from the negligence of such persons or otherwise.

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

### RELEASE

I grant full permission for Educational Alliance, Inc. and its affiliates and sponsors to photograph, record and video tape me. I further grant absolute right to copyright, publish, use, sell or assign any and all photographs, television spots, movie films, videotapes and sound recordings of me or with my likeness without my prior approval while performing my volunteer duties.

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

If you do not wish to grant the photo release, please check this box.

### ADDITIONAL INFORMATION (share any other information you'd like us to know)

### DEMOGRAPHIC INFORMATION (OPTIONAL – for reporting purposes only)

Race/Ethnicity	Religion
<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Jewish
<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Christian
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Muslim
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Hindu
<input type="checkbox"/> Native American	<input type="checkbox"/> Buddhist
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Sikh
<input type="checkbox"/> Prefer not to disclose	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Prefer not to disclose