



VOLUNTEER APPLICATION

David VanLuven
Town Supervisor

William A. Vail
LCSW-R
Director

TOWN OF BETHLEHEM
Albany County - New York
SENIOR CITIZENS SERVICES
445 DELAWARE AVENUE - DELMAR, NEW YORK 12054



Date of Application

___/___/___

Full Legal Name

Preferred Name/Nickname

Date of Birth

___/___/___

Mailing Address

Permanent Address, if different than mailing

City, State, Zip Code

Email Address

Home Phone

Cell Phone

Future / Current / Former Occupation(s): _____

Volunteer Interest (circle interest level. 1 = No Interest 5 = Most Interested)

Van Driver: 1 2 3 4 5

Van Assistant: 1 2 3 4 5

Car Driver: 1 2 3 4 5

Food Pantry: 1 2 3 4 5

Social Program Assistant: 1 2 3 4 5

Community Meals Helper: 1 2 3 4 5

Office / Administrative Support: 1 2 3 4 5

Presenting or Teaching a Subject: 1 2 3 4 5

FOR OFFICE
USE ONLY

Date Rcvd

Interview Date

BG Check

Training Dates

General Interests, Hobbies, and Skills you may enjoy sharing with Senior Services participants:

General Availability: (check all that apply)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Preferred Volunteer Shifts: (check all that apply)

- Morning (9AM - 12PM)
- Afternoon (12PM - 3PM)
- Evening (3PM - 6PM)

Availability Notes: _____

Please provide two personal character references we may contact (not family) such as Town of Bethlehem Senior Services volunteer(s), clergy, neighbor, teacher, employer, etc.:

Name: _____ **Phone:** _____ **Relationship:** _____

Street Address: _____ **Email:** _____

Name: _____ **Phone:** _____ **Relationship:** _____

Street Address: _____ **Email:** _____

Completed applications may be mailed or dropped off to the office or emailed to LWolf@bethlehemny.gov

Please call 518-439-4995 x 1171 with application questions

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How did you hear about Volunteer Opportunities with BSS?

If you have friends or family that may be interested in volunteering as well, please feel free to include their information so that we can note that should they choose to apply in the future:

What is your number one reason for pursuing an opportunity to volunteer your time and talents?

Preferred Methods of Communication (text/phone/email/mail, etc.):

Are there any limitations or accessibility requests that we can support you with to increase your satisfaction and success as a volunteer?

Emergency Contacts

Name	Relationship	Phone	Address
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Photography Release

I do ___ do not ___ give my permission for the Town of Bethlehem to use my photograph captured during my participation as a volunteer or participant to promote the organization and I waive all rights related to compensation for use of these images. The photograph could potentially appear in newspapers, television news shows, public service announcements, the Town of Bethlehem Senior Services or Bethlehem Senior Projects, Inc promotional materials, websites, and other media. Initial: _____