**VOLUNTEER APPLICATION**

**2018 – 2019**

**Thank you for your interest in volunteering at Carver Center!** All volunteers must be 16 years of age or older. Please return completed application to the Carver Center or email to volunteer@carvercenter.org.

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt.: \_\_\_\_\_\_\_\_\_\_\_\_**

**City, State: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is the best phone number and time to reach you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Driver License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Would you like to join our email list to receive Carver news and updates?** *Circle one:* **Yes or No**

**Emergency Contact Information**

**Name: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Currently a student?** *Circle one:* **Yes or No School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Currently employed?** *Circle one:* **Yes or No Company Name: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Language(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Port Chester Carver Center has my permission to use my photograph, video and audio recordings, likeness, artwork, profile and/or story in this and future publications, web pages and other promotional materials produced, used by and representing Port Chester Carver Center.

**I have read and acknowledged the above statement:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**Parent/Guardian Print and Signature (If Under 18 Years of Age):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Signature**

**Please check your area(s) of interest**

1. **I WANT TO HELP IN THE CARVER MARKET:**

*\*Helping clients shop; restocking shelves and fridges (minimum commitment of two 2-hour shifts per month)*

\_\_ Monday 1 – 5 pm \_\_ Wednesday 1 – 5 pm

\_\_ Friday 1 – 5 pm \_\_ Saturday 11 am – 3 pm

1. **I WANT TO ASSIST IN CARVER’S AFTER SCHOOL PROGRAM:**

*\*General Classroom Assistance (minimum commitment of 8 hours per month)*

\_\_ Monday 3 – 5:30 pm \_\_ Tuesday 3 – 5:30 pm

\_\_ Wednesday 3 – 5:30 pm \_\_ Thursday 3 – 5:30 pm

\_\_ Friday 3 – 5:30 pm

*\*One-On-One Tutoring (minimum commitment of 6 consecutive weeks of tutoring)*

\_\_ Monday 3 – 5:30 pm \_\_ Tuesday 3 – 5:30 pm

\_\_ Wednesday 3 – 5:30 pm \_\_ Thursday 3 – 5:30 pm

\_\_ Friday 3 – 5:30 pm

*\*I want to teach an enrichment class (minimum commitment of 6 consecutive weeks)*

Time and subject to be mutually agreed upon with Carver Staff

**Class I would like to teach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **I WANT TO SUPPORT SENIOR PROGRAMMINING:**

\_\_ I want to help from 8 – 11 am on the first Friday of the month (Sept. – June)

\_\_ I want to run a one-time program activity for Carver’s senior clients *(time and subject to be mutually agreed upon with Carver Staff)*

1. **I WOULD LIKE TO ASSIST IN CARVER’S SUMMER PROGRAMS:**

*(Minimum commitment of 2 consecutive weeks)*

For the summer of 2019, applications accepted beginning April 1, 2019.

 \_\_ Monday – Friday from 8:30 am – 12: 30 pm \_\_ Monday – Friday from 1 – 5 pm

1. **I WOULD LIKE TO HELP IN ANOTHER WAY:** *(Please describe)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**