



VOLUNTEER APPLICATION
2021 - 2022

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