



# Student Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Previous Participation in Volunteer Activities:

\_\_\_\_\_  
\_\_\_\_\_

Personal Interests/Hobbies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Personal attributes that would contribute to your ability to provide support to a person with a developmental disability: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there certain extracurricular/community activities for which you particularly enjoy providing support? \_\_\_\_\_

\_\_\_\_\_

Please check the days and indicate the time that you are available:

- |  |   |
|--|---|
| <input type="checkbox"/> Monday _____    | <input type="checkbox"/> Friday _____   |
| <input type="checkbox"/> Tuesday _____   | <input type="checkbox"/> Saturday _____ |
| <input type="checkbox"/> Wednesday _____ | <input type="checkbox"/> Sunday _____   |
| <input type="checkbox"/> Thursday _____  |   |

For Office Use Only: <input type="checkbox"/> Evaluation <input type="checkbox"/> Thank You <input type="checkbox"/> _____
Match #: _____

What are you hoping to learn from this volunteer experience? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please share with us any information about yourself or your experiences that may be helpful: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please provide two unrelated references that we may contact:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

**For Office Use Only**

Relationship with the volunteer:

Relationship with the volunteer:

How long have you known the volunteer?

How long have you known the volunteer?

List characteristics of the volunteer  
(e.g.: responsible, reliable, etc.):

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Do you have any knowledge of the  
volunteer's experience working with  
children? Please explain.

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Please return to: Elena Camerieri, 21 Langston Point, Pittsford, NY 14534. Questions: 585-385-9609