



# Town of Elbridge Volunteer Application

**INFORMATION ABOUT YOU**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
In case of emergency notify: \_\_\_\_\_

**Briefly state why you want to volunteer:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List your skills, interests, hobbies, community activities, work or professional experience:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List previous volunteer experience:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have transportation?**  Yes  No

**If yes, do you have a valid NYS Driver's License?**  Yes  No

License Number: \_\_\_\_\_ State: \_\_\_\_\_

**Are there any restrictions on your license?**  Yes  No

**If yes, list all restrictions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Can you provide transportation for others?**  Yes  No

**Have you ever been convicted of a crime (do not include traffic violations)?**  Yes  No  
**If yes, please explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INDICATE WHICH VOLUNTEER ACTIVITIES WOULD BE OF INTEREST:** \_\_\_\_\_

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

**REFERENCES**

**Please list three references (not relatives) preferably persons who can attest to your ability to work with others in a volunteer capacity:**

Name & Address	Telephone	Relationship

**VOLUNTEER AGREEMENT AND AUTHORIZATION**

Volunteer candidates must meet the highest standard of conduct because of the municipality's responsibilities for those in its care. This information is to be used only to assist us in determining qualifications for position as a volunteer.

I agree to conform to the municipality's rules and regulations to the best of my ability. I agree to participate in orientation and training. I understand that a criminal record and Department of Motor Vehicles check may be made, and my references and experience checked. I release my criminal conviction record to:

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

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

**I authorize all references listed to give you pertinent information, and release all parties from any liability from furnishing this information.**

Signature of applicant: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

Signed and sworn this \_\_\_\_ day of \_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Notary**