

For Office Use Only: Date Received:

Interview Date:

Start Date:

Love Makes The Difference



Hour Children Volunteer Application

Please fill out this form in its entirety. Please attach your resume to the end of the form.

PERSONAL INFORMATION (REQUIRED) PLEASE PRINT LEGIBLY

First Name		Middle Initial	Last Name
Gender:		Date of Birth:	
PREFERRED MAILING ADDRESS:		TELEPHONE/EMAIL:	
_____ Company Name (if this is a business address)		_____ Preferred Ext.	
_____ Street Apt.		_____ Secondary Ext.	
_____ City/State/Zip		_____ E-Mail (please print clearly)	
Business Information:		Education Information:	
_____ Occupation		_____ School Name	
_____ Title		_____ Course of Study	
_____ Employer			
Emergency Contact:		Language Proficiency:	
_____ Name		English Spanish French Other	
_____ Relationship			
_____ Phone			

Availability:	Monday	Tuesday	Wednesday	Thursday	Friday
	morning	morning	morning	morning	morning
	afternoon	afternoon	afternoon	afternoon	afternoon
	evening	evening	evening	evening	evening

SKILLS

Skills and qualifications can be acquired through employment, previous volunteer work, and personal interests. What relevant skills or qualifications do you have to become a volunteer with Hour Children?

INTERESTS

Please tell us why you are interested in volunteering and being involved with Hour Children?

VOLUNTEER PROGRAMS

Please check all the program areas you are interested in volunteering in:

Community-Based Programs

Hour Working Women Program
Hour After-School Program
Hour Teen Scene
Mentoring for Children
Mentoring for Women
Day Care
Food Pantry

In-Prison Programs

Host Family for Visiting Programs
Provide lunches for Visiting Programs
Parenting Education
Advocacy
Residential Nursery Unit (Cuddler)

CONTACT INFORMATION

Thank you for completing the Hour Children Volunteer Application! Please submit this form using one of the methods below:

- Email: jrobinson@hourchildren.org
- Postal Mail: Hour Children Volunteer Coordinator, 36-11 12th Street, Long Island City, NY 11106