



LENOX HILL NEIGHBORHOOD HOUSE
SINCE 1894

VOLUNTEER APPLICATION

If you have any questions about completing the application, please contact
Anthony Snowden at asnowden@lenoxhill.org or 212-218-0487.

First Name: _____

Last Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Preferred Phone: _____

Phone Type:

- Home Work
 Mobile Other

Secondary Phone: _____

Phone Type:

- Home Work
 Mobile Other

Email: _____

Gender You Identify With:

- Male Female
 Transgender Male Transgender Female
 Non-Binary Choose Not to Answer
 Other (Specify): _____

Date of Birth:

____ / ____ / ____

Primary Language:

- English Spanish Mandarin
 Cantonese Russian Other (Specify): _____

Other Languages Spoken:

- English Spanish Mandarin
 Cantonese Russian Other (Specify): _____

AVAILABILITY

Date Available to Start:

____/____/____

End Date (if fixed):

____/____/____

Availability (Check All That Apply):

	Not Available	Morning (8am – 12pm)	Afternoon (12pm – 5pm)	Evening (5pm – 8pm)
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the space below to share any additional information about your availability.

AREAS OF INTEREST

Please check any volunteer opportunities you are interested in.

Older Adults

- CARE (Day Program for Adults with Alzheimer’s or Cognitive Frailty)
- Senior Centers
- Friendly Visiting
- Computer/Technology Specialist
- Community Companion Volunteer

Adult Education

- English as a Second Language Teacher

Special Events

- Any

Administrative/Clerical Support

- Any

Housing & Homeless Services

- Supportive Housing Activities Leader
- Women’s Mental Health Shelter

From time to time, we have other volunteer opportunities available in the following programs. Please indicate if you are interested in being notified about these opportunities.

- Early Childhood Center

Please tell us about any special skills you have (e.g., photography, graphic design, musical instrument, computer skills, etc.)

VOLUNTEER EXPERIENCE

List previous volunteer experience, if any.

CURRENT OR MOST RECENT EMPLOYMENT

Occupation: _____	Employer: _____	Location: _____
Date From: ____/____/____	Date To: ____/____/____	

CURRENT EDUCATION (IF IN SCHOOL)

Name of School: _____	Major: _____	Grade/Year: <table style="display: inline-table; vertical-align: top;"> <tr><td><input type="checkbox"/> Freshman</td></tr> <tr><td><input type="checkbox"/> 9th</td></tr> <tr><td><input type="checkbox"/> 10th</td></tr> <tr><td><input type="checkbox"/> 11th</td></tr> <tr><td><input type="checkbox"/> 12th</td></tr> <tr><td><input type="checkbox"/> Sophomore</td></tr> <tr><td><input type="checkbox"/> Junior</td></tr> <tr><td><input type="checkbox"/> Senior</td></tr> <tr><td><input type="checkbox"/> Graduate</td></tr> </table>	<input type="checkbox"/> Freshman	<input type="checkbox"/> 9 th	<input type="checkbox"/> 10 th	<input type="checkbox"/> 11 th	<input type="checkbox"/> 12 th	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Graduate
<input type="checkbox"/> Freshman											
<input type="checkbox"/> 9 th											
<input type="checkbox"/> 10 th											
<input type="checkbox"/> 11 th											
<input type="checkbox"/> 12 th											
<input type="checkbox"/> Sophomore											
<input type="checkbox"/> Junior											
<input type="checkbox"/> Senior											
<input type="checkbox"/> Graduate											

ADDITIONAL INFORMATION

Please tell us why you would like to volunteer at Lenox Hill Neighborhood House.

How did you hear about us?

<input type="checkbox"/> Family Member	<input type="checkbox"/> Neighborhood House Program	<input type="checkbox"/> Volunteer Referral Center
<input type="checkbox"/> Flyer	<input type="checkbox"/> Retired and Senior Volunteer Program (RSVP)	<input type="checkbox"/> VolunteerMatch.org
<input type="checkbox"/> Friend/Neighbor	<input type="checkbox"/> School	<input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> Idealist.org	<input type="checkbox"/> Volunteer Recruitment Fair/Community Event	_____

REFERENCE

Name: _____	Phone: _____	Relationship:	<input type="checkbox"/> Grandparent
	Email: _____ _____	<input type="checkbox"/> Partner/Spouse	<input type="checkbox"/> Grand Child
		<input type="checkbox"/> Parent	<input type="checkbox"/> Other Family
		<input type="checkbox"/> Sibling	<input type="checkbox"/> Friend
		<input type="checkbox"/> Child	<input type="checkbox"/> Coworker
			<input type="checkbox"/> Other

EMERGENCY CONTACT

Name: _____	Phone: _____	Relationship: <input type="checkbox"/> Partner/Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child	<input type="checkbox"/> Grandparent <input type="checkbox"/> Grand Child <input type="checkbox"/> Other Family <input type="checkbox"/> Friend <input type="checkbox"/> Coworker <input type="checkbox"/> Other
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MEDIA AUTHORIZATION AND RELEASE

I give permission to Lenox Hill Neighborhood House, its employees and agents, to take, use, reproduce and publish photographs, video and/or voice recording (collectively, "media") of me, without further notice to me, for any and all informational, promotional and/or fundraising purposes, including being posted on social media platforms where this media will be available to anyone anywhere and can be obtained or downloaded by anyone with Internet access.

I acknowledge that I am providing this information voluntarily and understand that I have had the opportunity to ask questions. I acknowledge that I will not receive compensation for any media used. I release Lenox Hill Neighborhood House, its employees, and agents, from liability and any and all claims arising out of or in connection with the taking or use of this media. I have read and understand the terms of this Authorization and Release.

Signature: _____	Date: ____/____/____
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AFFIRMATION

The facts set forth above in my application are true and complete to the best of my knowledge. I hereby authorize Lenox Hill Neighborhood House to make any investigation necessary to verify the information provided. I also understand that a background check and/or fingerprinting may be necessary for certain volunteer activities and if applicable, Lenox Hill Neighborhood House will inform me of this requirement. I understand that if enrolled as a volunteer, I must abide by all rules and regulations of Lenox Hill Neighborhood House.

Signature: _____	Date: ____/____/____
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APPLICATION SUBMISSION

Please complete and email, mail or fax application to:
Volunteer Program
Lenox Hill Neighborhood House
331 East 70th Street
New York, NY 10021
Phone: 212-218-0487 Fax: 212 744-5150 E-Mail: asnowden@lenoxhill.org