

**FOR OFFICE USE ONLY:**

Date Received

Interview Date

Start Date



## HOUR CHILDREN VOLUNTEER APPLICATION

*Please fill out **ALL** fields in this application. If you are 18 years old or over, please attach your 1-page resume to the end of the form.*

### PERSONAL INFORMATION

**Name:**

**Street Address:**

**City:**

**Email Address:**

**State:**

**Zip Code:**

**Gender:**

**Date of Birth:**

**Home phone:**

**Cell Phone:**

### EMPLOYMENT INFORMATION

*If you are currently unemployed, please list your most recent employment experience.*

*If you are currently a student, please list the address of your school. List your grade level for occupation.*

**Company:**

**Occupation:**

**Duration of Employment:**

**Street Address:**

**City:**

**State:**

**Zip Code:**

**Work Phone:**

**Supervisor Name:**

**Supervisor Phone Number:**

### SKILLS

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

--

Language proficiency in:

English

Spanish

Mandarin

Other:

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

--

**VOLUNTEER PROGRAM AREAS**

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

Hour Working Women Reentry Program	Hour Thrift Shops
Hour Early Learning Program (Daycare)	Hour Food Pantry
Hour After-School Program	Tutoring
Hour Teen Scene	Social Media/Office
Children's Mentoring	Women's Mentoring



**AVAILABILITY**

Please check all the times you are available to volunteer. Note: our latest program runs until 7pm.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

**REFERENCES**

Please list *two* character references who are **NOT** relatives.

You **MUST** include your references' phone numbers. It is not enough to list their email address.

Name:	Name:
Relationship:	Relationship:
Street Address:	Street Address:
City:            State:        Zip Code:	City:                            State:                            Zip Code:
Phone Number:	Phone Number:
Email Address:	Email Address:

---

Thank you for completing the Hour Children Volunteer Application!

Please submit this form using only **ONE** of the methods below:

1. E-mail:                    [eperry@hourchildren.org](mailto:eperry@hourchildren.org)
2. Postal Mail:            Hour Children Volunteers Coordinator  
36-11 12th Street, Lower Level  
Long Island City, NY 11106
3. Fax:                        (718) 502-8689

We look forward to receiving your application! 😊