



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: _____ **Gender:** _____
Street Address: _____ **Date of Birth:** _____
City: _____ **State:** _____ **Zip Code:** _____ **Home phone:** _____
Email Address: _____ **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
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! 😊