Department:

Love Makes The Difference



hourchildren

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	M	iddle Initial	Last Name				
Gender:	Pronouns:		Date of Birth:				
PREFERRED MAILING ADDRESS:			TELEPHONE/EMAIL:				
Company Name (if this is a business address)		ress)	Preferred Phone Number:				
Street	Apt.		Secondary				
City/State/Zip			Email (print clearly)				
Business Information:			Education Information:				
Occupation			School Name				
Title			Course of Study				
Company			Language Proficiency:				
Emergency Conta	act:		English Spanish Cantonese Mandarir				
Name			Other				
Phone	Relationship						
Are you able to lift more than 20 pounds?			COVID-19 Vaccine Status:				
Yes	No		None Partial Fully Vaccinated				

Availab	ole Times:										
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday				
	Morning										
	Afternoon										
	Evening										
	Everiling										
Available Timeframe: Short-Term			erm	Long-term							
		1-3	months	3-6 months	6-12 mc	onths	12+ months				
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?											
INTERESTS Please tell us why you are interested in volunteering and being involved with Hour Children.											
VOLUNTEER RECORDES											
VOLUNTEER PROGRAMS Please check all the program areas you are interested in volunteering in:											
Community Based Programs											
, ,			In-Prison Programs								
	_	orking Women Program			Multi-Day Visitation Program						
Hour After-School Program Hour Teen Scene					(host family or provide lunches)						
	toring (Children/Adı	ılte)		Pa	Parenting Education						
		1113 <i>)</i>		Ad	lvocacy						
	Tutoring — Navocacy Day Care — Residential Nursery Unit (Cuddler)										
	d Pantry										
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CONTACT INFORMATION

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

- Email: kphelan@hourchildren.org
- Fax: 718-502-8689
- Postal Mail: Hour Children Volunteer Coordinator, 36-11 12th Street, Long Island City, NY 11106