



HEIGHTS AND HILLS
supporting brooklyn's older adults

VOLUNTEER APPLICATION

Today's Date _____

Name _____ Date of Birth _____

Phone (home) _____ (cell) _____

Email _____

Address _____

Occupation _____ Full-time _____ Part-Time _____

Business/School Name _____

Address _____ Phone _____

How did you hear about Heights and Hills? _____

Why do you want to volunteer with Heights and Hills? _____

Please describe your previous volunteer experience _____

What special skills, interests, foreign language, and/or life experiences would you would like to share with a senior?

57 Willoughby Street, 4th Floor
Brooklyn, N.Y. 11201
www.heightsandhills.org

ph (718) 596-8789
fx (718) 403-0346
info@heightsandhills.org

What days are you available? (Circle all that apply)

Mon Tues Wed Thurs Fri Sat Sun

What time(s) are you available? _____

What kind of volunteer services would you like to perform? (check all that apply)

____ Friendly Visiting (weekly)

____ Telephone Reassurance (weekly)

____ Medical Escorting (occasional)

____ Teach Computers to Homebound People (occasional and/or weekly)

____ Spring cleaning/Home organizing (occasional)

____ Clerical Help and/or data entry in the office (occasional and/or weekly)

____ Other (Specify) _____

Please provide TWO REFERENCES (no relatives, at least one previous or current work/volunteer supervisor)

1. Name: _____

Address: _____ Phone _____

Email: _____

How does this person know you? _____

2. Name: _____

Address: _____ Phone _____

Email: _____

How does this person know you? _____

Have you ever been convicted of a criminal offense? ___ Yes ___ No

If yes, please explain _____

May we use your name in our publications? ___ Yes ___ No

May we use your photo in our publications? ___ Yes ___ No

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name _____

Emergency Contact Number _____

Relationship to you: _____

Please indicate whether or not you are fulfilling hours for school requirement ___ Yes ___ No

If yes, how many hours do you need to complete? _____

By what date do your hours need to be completed by? _____

I affirm that the information on this application is correct. I am aware that a criminal background check will be performed upon submittal of this application.

SIGNATURE _____ Date _____

Please return completed applications to Betsy Guttmacher, Volunteer Coordinator, bguttmacher@heightsandhills.org

Fax 718 403-0346 or mail to: Heights and Hills, 57 Willoughby Street, 4th floor Brooklyn, NY 11201.