



Heights and Hills Volunteer Program

Bringing Friendship & Joy to 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?

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)

____ Appointment & Project Companion (occasional)

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

____ Park Slope Center for Successful Aging (M-F 9am to 5pm ONLY)

____ Clerical Help and/or data entry in the office or Center (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 the Volunteer Program at volunteer@heightsandhills.org

Fax 718 403-0346 or mail to: Heights and Hills, 81 Willoughby Street, Suite 302, Brooklyn, NY 11201.