



# 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?

\_\_\_\_\_

\_\_\_\_\_



## Heights and Hills Volunteer Program

Bringing Friendship & Joy to Brooklyn's Older Adults

### Volunteer Application – Page 2

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)

\_\_\_\_ Appointment Companion (occasional)

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

\_\_\_\_ Park Slope Center for Successful Aging (M-F 9:00am to 5:00pm 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? \_\_\_\_\_



# Heights and Hills Volunteer Program

Bringing Friendship & Joy to Brooklyn's Older Adults

## Volunteer Application – Page 3

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](mailto:volunteer@heightsandhills.org)  
Fax 718-403-0346 or mail to: Heights and Hills, 57 Willoughby Street, 4<sup>th</sup> floor Brooklyn, NY 11201.