



**Town of Bethlehem
Senior Services Department
Volunteer Application**

445 Delaware Avenue, Delmar, NY 12054
Phone: 518-439-4955, x1176
Email: emosier@townofbethlehem.org



For Office Use Only				
Applied Date	Interview Date	Ref. Ckd	Back Groun Ckd	Traini Date

Name		Date of Birth			
Mailing Address		Street Address, if different than mailing address			
City, State, Zip Code		Email Address			
Home Phone	Work Phone (is it OK to call here? Y N)	Cell Phone			
Former Employer (if retired)		How did you hear about us?			
Previous Volunteer Experience (if any)		Supervisor and Phone number			
Other information to help us match you with services we offer (general interests, hobbies, skills, etc.)					
Volunteer Interest: <ul style="list-style-type: none"> • Van or car driver _____ • Van assistant _____ • Assisting on Social Programs _____ • Leading a virtual/in person class or program _____ • Office Assistance _____ • Meals on Wheels delivery _____ • Food Pantry _____ • Congregate meal helper _____ • Project volunteers and assistance to other town offices and programs _____ 					
Times you are available (most services are needed Monday – Friday between 8:00 a.m. and 3:00 p.m.)					
	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____
How often are you available?	_____ Once a week	_____ Once a month	_____ As Needed		
_____ Seasonally, winter	_____ Seasonally, summer	_____ Social/Recreational			
Additional comments on availability _____					
*PLEASE COMPLETE BACK OF FORM ALSO *					

Please list two personal references we may contact (not family) such as Town of Bethlehem Senior Services volunteer(s), clergy, teacher, employer, etc.:

Name	Phone	Relationship
Street Address		Email
Name	Phone	Relationship
Street Address		Email

To Be Completed By All Applicants:

Have you ever been convicted of any criminal offense other than the following: Minor traffic violation fine of \$500.00 or less; or offenses settled in accordance with the Youth Offender Law.

_____ Yes _____ No If yes, please explain: _____

Depending upon the volunteer role, you may be required to push a wheelchair, climb stairs, speak on the telephone or lift up to 15 pounds. Are you able to accomplish these essential job functions? _____

For Senior Transportation Applicants only:

Driver's License Number _____

Valid until: _____

Infractions within a 36 month period: _____

Please include a copy of your driver's license.

For your safety and protection and the safety and protection of our clients, we will review your NYS DMV driving record. Signing the bottom of this page authorizes the Town of Bethlehem Senior Services Department to request your record from the Department of Motor Vehicles. The Town has a mandatory background check for all volunteers. You will be asked to sign a disclosure form to authorize permission to run the background check.

I hereby give my consent for the Town of Bethlehem Senior Services Department to contact my references, to contact my past and present employers, and to request and review a copy of my Department of Motor Vehicles driving record.

Signature of Volunteer Date

Signature of Orientation Instructor Date

Signature of Parent or Guardian (if volunteer is under age 18) Date