



FRANKLIN COMMUNITY CENTER
 10 Franklin St, Saratoga Springs, NY 12866
 Tel: (518) 587-9826 Fax: (518) 587-5293

www.franklincommunitycenter.org

Volunteer Application

Personal information:

Name: _____

Phone(H): _____ (C): _____

Address: _____

Email: _____

Occupation: _____

Date of Birth: _____

Emergency contact:

Name: _____

Phone: _____

Relation: _____

Do you have any physical condition that may limit your volunteer activities? yes no

If yes, please describe: _____

Volunteer options (Please rank top 3 choices):

Project Lift Free Store Food Pantry

Gardening Holiday Assistance Fundraising

other _____

Are you completing community service for coursework/community service requirements?

Yes No (circle one)

If Yes, Name of Organization: _____

Contact: _____

Number of hours needed: _____

Availability:

Please check all that apply:

Time/Day	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun
Morning							
Afternoon							
Evening							



Matching information:

General interests, skills, languages, and hobbies: _____

Why do you want to volunteer? _____

Past Volunteer Experience (include organization/agency, position)

References:

Please list two persons we may contact:

Name: _____ Phone: _____ Relation: _____

Address: _____

Name: _____ Phone: _____ Relation: _____

Address: _____

I hereby give my consent for Franklin Community Center to contact my references: and to conduct a routine background check.

Signature of Applicant

Date



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Confidentiality Policy:

I, (print name) _____, realize that I will have access to information, possibly including donor records and other confidential information held by Franklin Community Center and I am fully aware that this information is to be used strictly in relation to the volunteer work I am doing. I have read and will abide by the following policy. Therefore, I will not:

- Divulge any information I learn to anyone outside of Franklin Community Center
- I will keep confidential all customer, fiscal, program, donor and personnel matters/information

I understand that this statement is binding during my period of volunteerism at Franklin Community Center and that violation of this policy may subject me to be discharged as a volunteer. I further understand that this statement is also binding after my period of volunteering ends.

Signature of Applicant

Date

Volunteer Photo Release:

I give my permission for Franklin Community Center, Inc. to use my picture for commercial and/or promotional purposes. Examples include, but are not limited to, Facebook, www.franklincommunitycenter.org, newspapers and promotional materials such as our website. There will be no compensation for the use of photographs and/or videotapes.

Signature of Applicant

Date