



INDIVIDUAL VOLUNTEER APPLICATION

You can also find our application at https://uticamission.org/get-involved/volunteer

Name:	
Address:	Phone:
City/State/ZIP: E	-Mail:
Emergency Contact:	Phone:
 Are you <u>over</u> the age of 18? Yes / No (*If "No", the Volunteer <u>AND</u> the Parent/Guardian over 18 years of age 	ge <u>MUST</u> sign the application on page 2)
 2. Why would you like to volunteer? a. Court Requested? Yes / No If "Yes", # of Hours: b. School Credit? Yes / No If "Yes", # of Hours: c. Other: 	_ to be completed by:
3. Have you ever volunteered at the Rescue Mission before? If "Yes", when and what activities were you involved i	-
4. Have you ever been employed by the Rescue Mission? If "Yes", when and where?	

5. Have you ever been convicted of a felony or misdemeanor that has not been sealed or expunged?

Yes / No

If "Yes", please list the specific nature and details of the crime(s), date(s), court location(s), sentencing information and disposition of sentence(s). Please use an additional sheet of paper if necessary.

Department of Volunteer Services ♥ Rescue Mission of Utica, Inc. ♥ 293 Genesee Street ♥ Utica, New York 13501 Cheryl L. Williams ♥ Volunteer & Events Coordinator ♥ cheryl.williams@uticamission.org ♥ (315) 735-1645 ext. 2103

Availability - Days/Times (Check all that apply)

<u>Days</u>									
🗆 Monday	🗆 Tuesday	🗆 Wednesday	🗆 Thursday	🗆 Friday	Saturday	🗆 Sunday			
<u>Times</u>									
□ Mornings	□ Afternoons	□ Evenings							
Other days / times available:									
Area(s) of Interest (Check all that apply)									
Administration	(Genesee St.)	Foo	d Service (Rutge	r St)	Thread of	f Life Thrift Store			
Answering Ph			reparing / Serving		-	<u>/ Blvd., Whitesboro)</u>			
Data Entry	ones		oliday Meals:	IVICAIS					
General Cleric			•		Cashier				
			Easter Day, T			/ Donations			
□ Reception (Gr	eet Guests)		Day and/or C	•	🗆 Light Cl	eaning			
Community Se	rvice (West St.)		Holiday Meal		Special P	rojects			
Clothing Closet / Sorting			(Vehicle Required)			Special Projects Organization Sponsored "Drive"			
□ Food Pantry	st / Solting	Faci	lities (Various Lo	(and the second	-	•			
					•	thing, Toiletries, etc.)			
Drop-In Center	(West St.)		eneral Lawn Care		Events				
	nt's With Paperwo	ork 🗆 Pa	ainting / Carpentr	У	West Stre	eet Apartments (West St.)			
□ Interacting W	-		cellaneous (Vari	ous Locations)		I Cleaning - Outdoors			
□ Cleaning / Org			eneral Cleaning–Ir			U			
***Restriction			ean Windows-Ind						
Restriction	is ripply								
OTHER:									

IMPORTANT: Please read carefully and sign below.

For Volunteers <u>under the age of 18 years old</u>, a Parent/Guardian/Teacher/Mentor over 18 years of age must accompany the individual for the duration of the Volunteer Experience.

The Rescue Mission serves a variety of different people in our community. We strive to protect their privacy, their safety as well as the safety of our volunteers. Therefore, the Rescue Mission of Utica reserves the right to limit, restrict and/or deny the use of volunteers on its campus based on the following: refusal to submit to background check and/or drug screening, if required.

By signing this form (digitally/electronically, typed or handwritten signature), I certify that all information and responses I have provided in this application are true and complete. I understand that a material omission or misrepresentation in the application process will disqualify me from further consideration to serve as a volunteer.

Volunteer Signature	Volunteer Name (Please Print)	Date	
Parent/Guardian Signature (if Volunteer is under the age of 18)	Parent/Guardian Name (Please Print) (if Volunteer is under the age of 18)	Date	
FOR OFFICE USE ONLY:			

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