

# MAUREEN'S HAVEN, INC.

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Riverhead, NY 11901

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Website: [www.maureenshaven.org](http://www.maureenshaven.org)

## *Volunteer Application*

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone (day)** \_\_\_\_\_ **Phone (cell)** \_\_\_\_\_

**Email** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Past Volunteer Experience (include organization/agency, position, supervisor phone/email):**

**Employment (most recent and include company, position, supervisor phone/email):**

**Time available for volunteering (circle all that apply):**

**Mon.**      **Tues.**      **Wed.**      **Thurs.**      **Fri.**      **Sat.**      **Sun.**

**Morning (9-12)**      **Afternoon (12-4)**      **Evening (4-7)**      **Overnight**

**Volunteer availability:** \_\_\_\_\_

**Skills:** \_\_\_\_\_

**Which program are you interested in volunteering for?** \_\_\_\_\_

**Education/credentials:**

**School:**

**Date:**

**Degree:**

**Location:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Why do you want to volunteer with this organization?** \_\_\_\_\_

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Please list two (2) no –family members who can provide references on your ability to perform this volunteer position:

Name:

Address:

Phone/email:

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I agree to serve as a volunteer and commit to adhere to agency rules, policies and procedures.

I understand that all information in regard to client’s name or personal information is regarded as confidential and any identifying information may not be disclosed to others.

We must request proof of a driver’s license and insurance if a volunteer is involved in the transportation of clients. I understand that if I am transporting a client and have an accident, I am covered first with my own automobile insurance, as required by New York State Law.

\_\_\_\_\_  
Volunteer signature

\_\_\_\_\_  
Date