

**Friends of Night People  
INDIVIDUAL VOLUNTEER APPLICATION  
(Do not use for Community Service)**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_

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

**Are you currently attending school?** ( ) yes ( ) no

**Circle highest grade completed:** High School: 9 10 11 12 College: 1 2 3 4

**Are you currently employed?** \_\_\_\_\_ **If yes, may we contact your employer?** ( ) yes ( ) no

**Employer's name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Do you have a valid New York State license?** ( ) yes ( ) no

**If yes, please provide license #:** \_\_\_\_\_

**Do you have any history of medical disabilities?** ( ) yes ( ) no

**If yes, please explain:**

\_\_\_\_\_  
\_\_\_\_\_

**Have you ever volunteered at any other agency?** ( ) yes ( ) no

**If yes, where and when?**

\_\_\_\_\_

**Days you are available to volunteer (circle all that apply):**

**Mon Tues Wed Thurs Fri Sat Sun**

**Please give 3 (non-related) references, please include name, address, and telephone number:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**START DATE:** \_\_\_\_\_

**By signing this application you are confirming that all information given is true.**

\_\_\_\_\_  
**Applicant's Signature Date**