



# Volunteer/Intern Application

## EMERGENCY HOUSING ASSISTANCE PROGRAM

3 West Broadway, Oneonta, NY 13820  
607.433.8335 | 607.433.8000

### PERSONAL

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Area Code)

Are you attending school?  No  Yes Name of school: \_\_\_\_\_

Do you possess a valid NY State Driver's License?  No  Yes

Have you been convicted of a crime?  No  Yes Please explain: \_\_\_\_\_

OFO follows N.Y.S. Correction Law: Article 23-A and does not unfairly discriminate against persons previously convicted of criminal offenses.

### JOB INTERESTS AND SKILLS AND AVAILABILITY

Please briefly explain why you are interested in volunteering/interning with the Emergency Housing Assistance Program:

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Have you volunteered at OFO before?  No  Yes Program(s): \_\_\_\_\_

When/Year: \_\_\_\_\_

Summarize your special skills or qualifications, including computer software used: \_\_\_\_\_

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### AVAILABILITY

Please indicate your availability: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Monday between the hours of \_\_\_\_\_ and \_\_\_\_\_ Please note any school breaks/vacations:

Tuesday between the hours of \_\_\_\_\_ and \_\_\_\_\_ \_\_\_\_\_

Wednesday between the hours of \_\_\_\_\_ and \_\_\_\_\_ \_\_\_\_\_

Thursday between the hours of \_\_\_\_\_ and \_\_\_\_\_ \_\_\_\_\_

Friday between the hours of \_\_\_\_\_ and \_\_\_\_\_ \_\_\_\_\_

**EDUCATION**

Type of School	Name and Location	Course of Study	Degree, Diploma, Certificate, and Honors Received
High School			
College/University			
Other Education			

**RELEVANT EMPLOYMENT/VOLUNTEER HISTORY**

1. Employer/Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date(s): \_\_\_\_\_ to \_\_\_\_\_  
 (City) (State) (Start) (End)  
 Duties: \_\_\_\_\_  
 \_\_\_\_\_

2. Employer/Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date(s): \_\_\_\_\_ to \_\_\_\_\_  
 (City) (State) (Start) (End)  
 Duties: \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES** *Provide a minimum of two references in the space below*

Name	Relationship	Daytime Phone	Home Phone

**STUDENTS** *If volunteering or internship is for credit hours, provide the name and contact information of your student advisor*

Advisor Name	Title	Phone	Email Address

**ACKNOWLEDGEMENTS**

Read each statement carefully before signing:

I certify that all information provided in this application is correct to the best of my knowledge. I understand that any false information or omission may disqualify me from volunteering and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and authorize any person, school, employers (except as previously noted), and organizations named in this application to provide relevant information and opinions that may be useful in making a decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer to volunteer, both the offer and continued volunteering is contingent on completion of all requirements set by OFO and the specific requirements of programs within OFO. These may include but not limited to: physical exam, background/reference check, tuberculosis testing, and other licensing requirements.

I understand and fully agree that I am volunteering my services to Opportunities For Otsego at my own risk and that I assume all responsibility and will hold Opportunities For Otsego and its employees and Board of Directors harmless for any personal injury or property loss which may be sustained in the course of volunteering my services.

I have read, understand and by my signature consent to these statements.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_