



ALBANY
DOWNTOWN
ASSOCIATION

Volunteer Application

Personal Contact Information

Name: _____ Date: _____

Current Address: _____

Phone - Home: _____ Cell: _____ [] OK to Text

Email Address: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone - Home: _____ Cell: _____

Email Address: _____

How did you learn about this program?

What opportunities and committees are you most interested in?

- [] Design [] Outreach [] Event Volunteer [] Board
- [] Economic Vitality [] Promotion [] Office Volunteer
- [] Other _____

How do you like to be recognized? *(Check all that apply)*

- [] Publicly – in-person [] Company Branded Gifts - shirt, mug, bag, etc.
- [] Publicly – social media [] Food Gifts [] Volunteer Gathering
- [] Privately [] Snacks at Volunteer Activities [] Volunteer Awards

Special training, skills, hobbies:

Groups, clubs, organizational memberships:

Education:

Employment History *(Current employer or previously retired from, if applicable)*

Does your employer have an Employee Volunteer Incentive Program? Yes ___ No ___

Would you like us to keep your employer abreast of your volunteer service and achievement?
Yes ___ No ___

Do you have any medical and/or physical conditions that may prevent you from volunteering?

Do you have any allergies (for emergencies & team food options)?

Have you ever been convicted of a crime? *(If yes, please explain the nature of the crime and the date of the conviction and disposition)* Conviction of a crime is not an automatic disqualification for volunteer work.

Driving

Are you willing to drive as a volunteer? Yes ___ No ___

Do you have a Driver's License? Yes ___ No ___

Do you have a copy of your Driving record? Yes ___ No ___

Do you have access to a vehicle? Yes ___ No ___

Do you have access to alternate transportation? Yes ___ No ___

References *(required for some positions)*

Please list 3 people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name/Organization	Relationship to You	Phone	Length of Relationship
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Privacy Practice Statement

We protect your personal information and adhere to all legislative requirements with respect to privacy. We do not rent, sell or trade or lists of volunteers. We use your personal information to keep informed and up to date activities of the organization and its specific programs including, but not limited to; opportunities to volunteer, upcoming events, educational opportunities, and seasonal greeting.

Required information to be provided; when it is applicable to the job description being performed by the volunteer.

- Photo Release
- Agreement to Organizations Policies
- Confidentiality Agreement
- Liability Waiver
- Food Handlers Permit
- OLCC Server Permit
- Criminal Record Check
- Driver's License Class _____
- Drivers DMV Record
- First Aid Certification Level _____
- Medical Examination

I give permission to verify the credentials that I have presented:

Signature: _____

Date: _____

Please read the following before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified. I understand that misrepresentations or omissions may cause for my immediate rejection as an applicant for a volunteer position or my termination as a volunteer.

Signature: _____

Date: _____