



3043 State Route 4 Hudson Falls, NY 12839  
Phone 518-747-2284 Fax 518-747-2253  
www.ascendmw.org

## Volunteer / Internship Application

### Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	
Preferred Contact Method	<input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email

### Availability

During which hours are you available for volunteer / internship assignments?

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings	<input type="checkbox"/> Specified Time Period:
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons	_____
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings	_____

### Interests

#### VOLUNTEERING ONLY

Tell us in which areas you are interested in volunteering

- ☐ Secretarial/General Office Work: triaging phone calls/visitors, filing, sorting mail, etc.
- ☐ Agency/Program Events
- ☐ Arts/Recreation
- ☐ Community Inclusion

Tell us at which programs you are interested in volunteering.

- ☐ East Side Center
- ☐ Dual Recovery
- ☐ Residential
- ☐ Garden

#### INTERNSHIP ONLY

Tell us in which areas you are interested in completing your internship

- ☐ Clinical/Counseling
- ☐ Data Trending/Analysis
- ☐ Specialized for: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

Tell us at which programs you are interested in completing your internship.

- ☐ Caleo Counseling Services
- ☐ Dual Recovery

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

## Previous Volunteer / Internship Experiences

Summarize your previous volunteer/internship experiences, including names and contact information of supervisors at each.

## Persons to Notify in Case of Emergency

Name #1		Name #2	
Relation to you		Relation to you	
Street Address		Street Address	
City ST ZIP Code		City ST ZIP Code	
Home Phone		Home Phone	
Work Phone		Work Phone	
Cell Phone		Cell Phone	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer or intern, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature	
Date	

**Thank you for completing this application form and for your interest in volunteering or completing your internship with us.**

## This area for Agency use ONLY

This volunteer/intern has been assigned to which program(s): \_\_\_\_\_

Name of Supervisor responsible for their oversight/supervision: \_\_\_\_\_

Start Date: \_\_\_\_\_ Anticipate Schedule: \_\_\_\_\_