Capital District Center for Independence, Inc.

1716 Central Avenue

Albany, NY 12205

(518) 459-6422

[www.cdciweb.com](http://www.cdciweb.com)

**CDCI Volunteer Application**

Name

Date

Address

Phone Number

Email

**Experience**

Organization

Location

Supervisor Name

Phone Number

Dates Employed

Title

Job Duties

Organization

Location

Supervisor Name

Phone Number

Dates Employed

Title

Job Duties

*Please attach resume*

**Questionnaire**

Do you have experience working with people with disabilities?

If yes, please explain

Why are you interested in volunteering with CDCI?

Are there any disability-related area(s) of interest you would like to explore while volunteering?

Do you have any certifications or trainings applicable to CDCI?

If yes, please explain

Do you need volunteer hours for a particular program or certification?

**Availability**

How many hours per month?

Less than 10

11 – 20

21 – 30

31 – 40

More than 40

What days and times are you available?

Monday

Any

9 AM to 1 PM

1 PM to 5 PM

Tuesday

Any

9 AM to 1 PM

1 PM to 5 PM

Wednesday

Any

9 AM to 1 PM

1 PM to 5 PM

Thursday

Any

9 AM to 1 PM

1 PM to 5 PM

Friday

Any

9 AM to 1 PM

1 PM to 5 PM

# **STATEMENT OF VOLUNTEER COMMITMENT**

I understand that I am making a commitment to the Capital District Center for Independence, Inc. as a valuable Volunteer Staff Member and, as such, I will be conscientious in the execution of my duties. I will consider as confidential all information that I hear directly or indirectly concerning all consumers of the Capital District Center for Independence, Inc. I will uphold the traditions and high standards of CDCI and will conduct myself accordingly.

Please type Signature

Date