

1716 Central Avenue

Albany, NY 12205

(518) 459-6422

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

**CDCI Volunteer Application**

**Name** Click or tap here to enter text. **Date** Click or tap to enter a date.

**Address** Click or tap here to enter text.

**Phone Number** Click or tap here to enter text. **Email** Click or tap here to enter text.

**Experience**

Include employment, volunteer and internship experience if applicable

**Organization** Click or tap here to enter text. **Location** Click or tap here to enter text.

**Supervisor Name** Click or tap here to enter text. **Phone Number** Click or tap here to enter text.

**Dates Employed** Click or tap to enter a date. **-** Click or tap to enter a date.

**Title** Click or tap here to enter text.

**Job Duties** Click or tap here to enter text.

**Organization** Click or tap here to enter text. **Location** Click or tap here to enter text.

**Supervisor Name** Click or tap here to enter text. **Phone Number** Click or tap here to enter text.

**Dates Employed** Click or tap to enter a date. **-** Click or tap to enter a date.

**Title** Click or tap here to enter text.

**Job Duties** Click or tap here to enter text.

*Please attach resume*

**Questionnaire**

Do you have experience working with people with disabilities? [ ]  Yes [ ]  No

 If yes, please explain Click or tap here to enter text.

Why are you interested in volunteering with CDCI Click or tap here to enter text.?

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

Click or tap here to enter text.

Do you have any certifications or trainings applicable to CDCI? [ ]  Yes [ ]  No

 If yes, please explain Click or tap here to enter text.

Do you need volunteer hours for a particular program or certification? [ ]  Yes [ ]  No

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**Availability**

How many hours per month? [ ]  < 10 [ ]  11 – 20 [ ]  21 – 30 [ ]  31 – 40 [ ]  >40+

What days/times are you available?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|[x]  [ ]  | [ ]  | [ ]  | [ ]  |
| Any [ ] 9a-1p [ ] 1p-5p [ ]  | Any [ ] 9a-1p [ ] 1p-5p [ ]  | Any [ ] 9a-1p [ ] 1p-5p [ ]  | Any [ ] 9a-1p [ ] 1p-5p [ ]  | Any [ ] 9a-1p [ ] 1p-5p [ ]  |

# **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.

**Signature** Click or tap here to enter text. **Date** Click or tap to enter a date.