

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 |
|  |  |  |  |  |
| 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.