



Arab American Community Center for Economic and Social Services
609 Ridge Road, Lackawanna, NY 14218
www.accesswny.org

Phone 716-332-5901

Fax 716-332-5924

Volunteer Application Form

Name: Female ( ) Male ( )
Home Phone: Cell Phone: Birth Date :
Address:
City: State: Zip: E-mail:
Company/School/Court Assigned From: Grade Level:
Reason for Volunteering:
Total Hours Needed by (Date)

Emergency Contact

Name: Relationship:
Home Phone: Cell Phone:

Availability (Specify time if Possible)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Date available to start:

Type of Position:

[ ] Volunteer [ ] Intern [ ] Youth Worker

What would you like to learn from your volunteer experience?

What skills (or talents) can you contribute to the organization?

What experience(s) do you have in this area?

Native Language:

What languages do you speak fluently?

Volunteer work experience:

How did you hear about us?

Please provide any documentation that must be completed by ACCESS of WNY.

OFFICE USE ONLY

Department Assigned - Date to