

MANHASSET/GREAT NECK EOC
SUMMER VOLUNTER APPLICATION

Name: _____

Date: _____

Address: _____

Age/Grade: _____

Town: _____ Zip: _____

School: _____

Phone: _____

Email: _____

Do you have any of the following certifications? (please check all that apply)

Water Safety Instructor _____

Expiration Date _____

First Aid _____

Expiration Date _____

CPR _____

Expiration Date _____

Other _____

Expiration Date _____

What days and times are you interested in volunteering?

Monday Morning Afternoon Full Day Other _____

Tuesday Morning Afternoon Full Day Other _____

Wednesday Morning Afternoon Full Day Other _____

Thursday Morning Afternoon Full Day Other _____

Friday Morning Afternoon Full Day Other _____

Please describe any previous volunteer and/or work experience you have with children and youth that directly relate to volunteering with the Manhasset/Great Neck EOC:

Please select the age group you would prefer to work with:

_____ 5 to 7 year olds

_____ 8 to 9 year olds

_____ 10 to 12 year olds

_____ 13 and older

Do you have special interests and/or skills that you would be interested in sharing with the children:

Arts & Crafts Music

Cooking Dance/Drama

Story Telling Languages

Sports (be specific): _____

Other: _____

Have you ever been convicted of a crime? _____ yes _____ no

If you answered yes please explain _____

Please list 3 references with phone numbers and/or email addresses:

1. _____

2. _____

3. _____