



# MOHAWK VALLEY RESOURCE CENTER FOR REFUGEES

MANY CULTURES, ONE COMMUNITY

309 Genesee Street  
Utica, New York 13501

Office: 315.738.1083  
Fax: 315.738.1168  
www.mvr-cr.org

## Volunteer Application

Date: \_\_\_/\_\_\_/\_\_\_

*The following information will be regarded as strictly confidential*

**\*Photo ID Required**

*In order to prevent delay in processing your file, be sure to complete all of the information requested*

### Applicant Information

Name	_____				
	(First)	(Middle)	(Last)		
Home Address	_____				
	(Street)	(Apt.#)	(City)	(State)	(Zip)
	How long have you lived at this address? _____				
Phone	Home:    -    -    -    -	Work:    -    -    -    -	Cell:    -    -    -    -		
e-mail	Do you have email : <input type="checkbox"/> Yes <input type="checkbox"/> No		E-mail address :		
Other	Date of Birth :    ___/___/___		Social Security Number :    ___-___-___		
				(optional)	
	Emergency Contact Person :		Phone :    -    -    -    -		

### Employment History

Employer	Location	Position	Dates

### Educational History

School	Field of Study	Degree	Date

### Volunteer/Internship Experience

Organization	Position	Duties	Dates

We promote the well-being of culturally diverse individuals and families within our community by welcoming our new neighbors, refugees and immigrants.



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### Qualifications/Skills:

Please list any specific qualifications/skills you have which would be of value to this program:

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**Specific Interests (if known):** Possibilities include Tutor, Guest speaker, Office Assistant, Research Assistant, Historian, Web Design, Public Relations, Special Events, etc.

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Have you ever been convicted of a crime:  Yes  No  
(note: a conviction does not necessarily bar you from acceptance to this program)

If yes, please explain:

### Availability/Schedule:

Daily Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM (list times)							
PM (list times)							

Maximum Overall Availability \_\_\_\_\_ hours/week -OR- \_\_\_\_\_ hours/month

Dates of Availability: I will be available as of \_\_\_\_\_ until \_\_\_\_\_  
(date) (date)

### References

Please list three references (e.g. supervisors, professors, mentors, etc. Do not list relatives)	
1. Name :	Relationship :
Address :	Phone :
2. Name :	Relationship :
Address :	Phone :
3. Name :	Relationship :
Address :	Phone :

I understand that by submitting this application, I authorize a criminal records and a child abuse state central registry check to be made concerning my suitability as a staff person. In addition, the information in this application and otherwise obtained will be used only for the purpose of determining my eligibility as a staff person. All information will be held in confidence. Criteria used in the selection of staff will be such as to insure that the individual is able to meet the responsibilities of the MVRRCR Volunteer Program. No individual will be rejected on the basis of race, color, religious creed, national origin, sex, age or marital status.

I hereby attest that all information given in this application is true to the best of my knowledge  
Date: \_\_\_/\_\_\_/\_\_\_ Applicant's signature: \_\_\_\_\_

Please Return to: MVRRCR Volunteer Program  
309 Genesee Street (Park Avenue Entrance)  
Utica, NY 13501

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