



Community Miracles in Action, Inc.
289 Ontario Street
Cohoes, NY 12047
518-326-0399
CMA@communitymiracles.org

Volunteer Application (Please Print or type.)

Personal Data

First Name: _____ MI: _____ Last Name: _____
Address: Street: _____ Apt: _____
City: _____ State: _____ Zip: _____
Phone Home: (____) _____ Work: (____) _____
Cell: (____) _____ E-mail: _____@_____
I prefer to be contacted via phone email no preference
Best time to contact me is Morning Mid-Day Evening

Emergency Point of Contact

Name: _____ Relationship to applicant: _____
Phone: _____ Alt phone: _____

Volunteer Interests

How do you see your time and talent best utilized by CMA?

Administration Clerical Fundraising Finance and Business Management Program Development One on one youth mentoring Legal Consulting Youth Program Supervision Technology Management Grant Writing Volunteer Cultivation Most Needed

Other: _____ Are you interested in service on the Board of Directors Yes No
How many hours per month are you willing and able to commit to CMA? _____
Days and times that you are willing and able to commit as a volunteer:
Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday Flexible
Times: _____

Are there any tasks you may be unable to perform: (lifting, standing for extended periods, etc.) Yes No
If yes please explain:

Work History

Employed Retired Student

Current Employer (Prior employer if retired.): _____

Address: Street: _____

City: _____ State: _____ Zip: _____

Professional Title: _____

Briefly Describe Duties Performed:

Employer Primary Contact: _____

Phone: (____) _____ E-mail: _____@_____

Other volunteer/ work experience(s):

Have you ever been convicted, found guilty, entered a plea of no contest, or had adjudication withheld in a criminal offense other than a minor traffic violation? No Yes (Answering yes does not automatically prohibit service)

If yes, describe in full:

References (Please do not include relatives)

Reference 1: First Name: _____ MI: ____ Last Name: _____

Address: Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone Home: (____) _____ Work: (____) _____ Cell: (____) _____

E-mail: _____ @ _____

Relationship to applicant: _____

Reference 2: First Name: _____ MI: ____ Last Name: _____

Address: Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone Home: (____) _____ Work: (____) _____ Cell: (____) _____

E-mail: _____ @ _____

Relationship to applicant: _____

Reference 3: First Name: _____ MI: ____ Last Name: _____

Address: Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone Home: (____) _____ Work: (____) _____ Cell: (____) _____

E-mail: _____ @ _____

Relationship to applicant: _____

*** See reverse for agreements and required signatures ***

Affirmation and Background check

I _____ affirm that the information provided on this application is true and complete to the best of my knowledge. I understand that the information provided on this form is to be used only by Community Miracles in Action, Inc. for the purpose of its volunteer program. I authorize investigation of the information contained in this application which may include a background check of other screening if appropriate to the volunteer and program. I hereby give my permission for Community Miracles in Action, Inc. to obtain information relating to my criminal history record. I understand that as long as I remain an employee or volunteer, the criminal background check may be repeated at any time. I hereby release Community Miracles in Action, Inc. and its employees from all causes of action, charges, liabilities and claims resulting from the investigation of my background in connection to my employment/volunteer assignment with Community Miracles in Action, Inc.

Applicant's Signature: _____ Date: _____

Confidentiality Agreement

Community Miracles in Action, Inc. must safeguard our clients' right to privacy by treating and protecting all information as CONFIDENTIAL. Therefore, I shall safeguard and treat as confidential, any and all information (whether acquired through verbal communication, written records or observation) regarding any client, which I may receive through my affiliation with Community Miracles in Action, Inc. as a volunteer. I have read and understand this STATEMENT OF CONFIDENTIALITY.

Applicant's Signature: _____ Date: _____