

Stein Neighborhood Senior Center Inc.
204 East 23rd Street 2nd Floor New York New York 10010
Tel: 1-646-395-8083 Fax: 1-646-395-8088

Volunteer Application

DATE: _____
NAME: _____
ADDRESS: _____
PHONE: _____

Please List Skills:

Please List Interests:

Please Share Reasons for Your Interest in being a volunteer at Stein Neighborhood Senior Center Inc.?

Availability (Please Indicate Days and Time you would like to Volunteer)

Monday Tuesday Wednesday Thursday Friday

 8:30am-10:30am 10:30am-12:30am 12:30am-2:30am 2:30am-4:30
 3 hours day 4 hours day 5 hours day 6 hours day 7 hours day

PLEASE PROVIDE RESUME & 2 REFERENCES

1. Name: _____
Address: _____
Phone: _____
Relationship: _____

2. Name: _____
Address: _____
Phone: _____
Relationship: _____

How did you hear about Stein Neighborhood Senior Center Inc.?

Friend Neighbor Website Flyer Social Media Other: _____

**PLEASE EMAIL YOUR APPLICATION TO: MGREEN@STEINSENIORCENTER.ORG
OR FAX APPLICATION: 1- 646-395-8088 ATTENTION: MARILYN GREEN**

WE LOOK FORWARD TO WORKING WITH YOU!