

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: _____ HOME PHONE: _____ CELL: _____

NAME: _____ EMAIL: _____

ADDRESS: _____

Reasons for your interest in being a volunteer at Stein Neighborhood Senior Center?

Please List Skills:

Please List Department Interests: Kitchen Security Maintenance Data Entry Presentations

Availability Days:

<input type="checkbox"/> Mondays	<input type="checkbox"/> Tuesdays	<input type="checkbox"/> Wednesdays	<input type="checkbox"/> Thursdays	<input type="checkbox"/> Fridays
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Availability Time:

<input type="checkbox"/> 8am-12pm	<input type="checkbox"/> 12-4pm	<input type="checkbox"/> 8-10am	<input type="checkbox"/> 10am-12pm	<input type="checkbox"/> 12-2pm	<input type="checkbox"/> 2-4pm
<input type="checkbox"/> 1 hour	<input type="checkbox"/> 2 hours	<input type="checkbox"/> 3 hours	<input type="checkbox"/> 4 hours	<input type="checkbox"/> 5 hours	<input type="checkbox"/> 6 hours

PLEASE PROVIDE COVER LETTER, RESUME & 2 REFERENCE LETTERS

1. Name: _____

Address: _____

Phone: _____

Relationship: _____

2. Name: _____

Address: _____

Phone: _____

Relationship: _____

How did you hear about Stein Neighborhood Senior Center?

Friend Neighbor Website Flyer Social Media Community Event

Other: _____

PLEASE FAX APPLICATION TO: 1- 646-395-8088

EMAIL TO: RSANTOS@STEINSENIORCENTER.ORG OR MGREEN@STEINSENIORCENTER.ORG

WE LOOK FORWARD TO WORKING WITH YOU!