



# VOLUNTEER APPLICATION and WAIVER

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

Circle one:    New       Updated    Unchanged

## Person to Notify in Case of Emergency

Full Name: \_\_\_\_\_

Name: \_\_\_\_\_

Local Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip-code: \_\_\_\_\_

ID Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Campus Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Campus Status: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

☐ Full-time

☐ Part-time

☐ Faculty/Staff:

Major Field of Interest:: \_\_\_\_\_

Minor Field of Interest : \_\_\_\_\_

Placement Information: Check the area(s) of volunteer involvement you are most interested in:

\_\_\_ Pre-K Child Development

\_\_\_ Nutrition Outreach

\_\_\_ Crisis Intervention

\_\_\_ Elementary Education

\_\_\_ Health Education

\_\_\_ Senior Citizen Assistance

\_\_\_ Middle/Secondary Education

\_\_\_ Tutoring

\_\_\_ Community Improvement

\_\_\_ Developmental Disabilities

\_\_\_ Mentoring

\_\_\_ Campus Service Organization

\_\_\_ Physical Disabilities

\_\_\_ Fund Raising Activities

\_\_\_ Youth Group Leader

\_\_\_ Environmental Activities

\_\_\_ Office Assistance

\_\_\_ Computer/Web

\_\_\_ Other \_\_\_\_\_

## Liability & Release of Information:

I understand and agree that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile insurance equal to the minimum required by New York State.

I volunteer my services through the O'Connor Center for Community Engagement (OCCE) and understand that I am not an employee of the State University of New York College at Delhi, the OCCE, the College Foundation, CADI or the Research Foundation.

I certify that the information on this application is accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Photo Release and Release of Information: I understand that while I am participating in activities supported by the OCCE I may have my picture taken by photographers from the press or the OCCE in order to document the activities of OCCE volunteers. I agree to allow the OCCE to use these pictures as they see fit for the purpose of publicizing the OCCE.

Signature \_\_\_\_\_ Date \_\_\_\_\_