



SINCE 1866

**BROOKLYN BUREAU OF COMMUNITY SERVICE**  
285 Schermerhorn Street | Brooklyn, NY 11217  
Tel (718) 310-5600 | Fax (718) 855-1517  
E-mail: volunteer@bbcs.org

## VOLUNTEER APPLICATION

Name \_\_\_\_\_  
Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Best time to call during the day \_\_\_\_\_  
Are you 14 years or older? \_\_\_\_\_ Are you 18 years or older? \_\_\_\_\_

1. Educational background (include highest level/grade completed and schools attended, degrees or diplomas received and current enrollment, as applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Present occupation and place of employment (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Work experience (attach resume if you prefer):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you have any previous volunteer work experiences? Describe them, including the type of volunteer work, length of involvement and name of organization(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe any skills, abilities or special training you have (teaching, art, music, sports, educational training, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Do you speak or write:  
\_\_\_ Spanish \_\_\_ French \_\_\_ Chinese \_\_\_ ASL \_\_\_ Russian \_\_\_ Other

7. How did you hear about BBCS? \_\_\_\_\_

8. Indicate geographic area(s) of Brooklyn where you can serve:  
\_\_\_ Downtown \_\_\_ Fort Greene \_\_\_ BedStuy \_\_\_ East New York  
\_\_\_ wherever most needed

9. The information below briefly describes volunteer positions. Please indicate areas of interest for volunteer work.

- |  |   |
|--|---|
| ___ After-school programs                | ___ Tutoring adults with disabilities                 |
| ___ Tutoring children                    | ___ Employment mentoring for adults with disabilities |
| ___ Leading activities                   | ___ The arts (music, art, dance, theater)             |
| ___ Child day care centers               | ___ Recreation  |
| ___ Child care                           | ___ Office support                                    |
| ___ Computer instruction                 | ___ Leading workshops/training                        |
| ___ Fundraising/Special Events           | ___ Tutoring adults in English                        |
| ___ Researching and writing, translation | ___ Other   |
| ___ Telephone Outreach                   |   |

*Note: If you volunteer for a position with children, the Bureau must notify the New York State Central Registry of Child Abuse and Maltreatment (SCR). Fingerprinting is also required for some positions with children.*

10. Time(s) available for volunteer work: \_\_\_ weekdays \_\_\_ evenings \_\_\_ weekends  
Preferred days/times: \_\_\_\_\_  
\_\_\_\_\_

11. Please comment on your interest in volunteering at this time.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Whom shall we contact in case of emergency?

Name \_\_\_\_\_ Phone: daytime \_\_\_\_\_ evening \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

13. List two persons we can contact for references, indicating their relationship to you. Do not use family members.

Name	Address	Telephone	Relationship

14. Have you ever been convicted of a crime or offense other than a minor traffic violation?  
Yes \_\_\_ No \_\_\_ If yes, please explain:

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***New York State Law prohibits unjustified discrimination on the basis of a criminal conviction record.***

I declare that all of the statements made in this application are accurate and complete to the best of my knowledge. I authorize the Brooklyn Bureau of Community Service to contact my references and to follow up on any information on this application as needed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date