



HUDSON GUILD
COMMUNITY WORKS!
Volunteer Application

Name:	
Address:	
Phone Number:	
Email:	

Have you ever volunteered at Hudson Guild before? YES or NO If yes, when?

Are you over the age of 18? YES or NO If not, state your age:

Parent or guardian signature required if under 18 _____

What days and times are you available?

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Please choose which volunteer activity you would most like to participate in:

- | | |
|--|--|
| <input type="checkbox"/> Reading/Classroom Assistant | <input type="checkbox"/> Friendly Visiting |
| <input type="checkbox"/> General Tutoring | <input type="checkbox"/> Senior Escorting |
| <input type="checkbox"/> Literacy Tutoring | <input type="checkbox"/> Lunch for Adults |
| <input type="checkbox"/> One Time Class/Event | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Computer Lab Monitor/Training | <input type="checkbox"/> Other _____ |

Do you speak any languages besides English? Please list _____

Please let us know if you have a hobby or an interest that you would like to share with others:

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2 References:

Name	Phone	Relationship

Emergency Contact Information:

Name	Phone	Relationship