



# HELPING HANDS ADULT COMMUNITY SERVICE CLUB

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### EDUCATION:

High School: \_\_\_\_\_ Years Completed: \_\_\_\_\_

College/University: \_\_\_\_\_ Years Completed: \_\_\_\_\_

Degree: \_\_\_\_\_ Year: \_\_\_\_\_ Major: \_\_\_\_\_

Please list the activities in which you have interest, hobbies, or knowledge, such as nature, gardening, drama, dancing, music, crafts, sports, or other activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EMPLOYMENT/VOLUNTEER HISTORY

- Name of Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_
- Name of Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

### REFERENCES

	<u>Name &amp; Address</u>	<u>Affiliation</u>	<u>Phone #</u>
1.	_____	_____	_____
2.	_____	_____	_____

### VOLUNTEER AVAILABILITY: (Please indicate the days/hours you are available)

\_\_\_\_\_

How did you hear about the Helping Hands Adult Community Service Club? \_\_\_\_\_

I authorize the City of White Plains to check my background and references and I affirm that the information given by me in this application is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date