



# CITY OF ALBANY DEPARTMENT OF RECREATION

7 HOFFMAN AVE., ALBANY, NEW YORK 12209

TELEPHONE: 518-434-5699

WWW.ALBANYNY.ORG

KATHY M. SHEEHAN  
MAYOR, CITY OF ALBANY

JONATHAN P. JONES  
COMMISSIONER

## VOLUNTEER APPLICATION

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

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

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

Male: \_\_\_ Female: \_\_\_ Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Areas of Interest:** Please check all areas you would be interested in volunteering with:

- Aquatics  Tutoring
- Community Centers  Other (please specify) \_\_\_\_\_
- \_\_\_\_\_

Have you ever volunteered with the Department of Recreation before?

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

Do you have any experience working with youths or volunteering? If so, where?:

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

If you speak any languages other than English, please list them here:

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

Briefly describe any skills or experiences that would make you a good candidate for volunteering:

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

Please list any certifications you currently hold: (i.e. CPR, lifeguarding, educational)

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

**Availability:** please list all times you would be available:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings							
Afternoons							
Evenings							

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Have you ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_ (**Past convictions will not disqualify you from consideration**)

If yes, list felonies with dates: \_\_\_\_\_

I certify that the above information is correct to the best of my knowledge.

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

**The City of Albany does not discriminate on the basis of handicap status in its programs or employment**

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**RETURN TO:**  
**Department of Recreation**  
**Attn: Volunteer App**  
**7 Hoffman Avenue**  
**Albany, NY 12209**