

## Project L.I.F.E

172 First Street, Newburgh, New York 12550

Main Line: (845) 569-9334

Email: [rsmith@newburghprojectlife.org](mailto:rsmith@newburghprojectlife.org)

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Dear Prospective Volunteer:

Thank you for your recent inquiry regarding the Volunteer Program at Project L.I.F.E.. Volunteers are an essential part of our organization as they help us to supplement and enhance existing services to patients, their families and organizational programs.

To become a Project L.I.F.E. volunteer, all volunteers will be required to complete the administrative process as outlined below.

- Apply for working papers at your school (for ages 14-15)
- Complete the volunteer application online (indicate the Assignment/Position in the Subject Line of email)
- Upon review of the application for potential assignment role and match – you will be called to schedule a personal interview

### **Upon Conditional Assignment confirmation:**

- Volunteer will be required to complete a Health Clearance which has to be approved by Project L.I.F.E.'s Employee Health Services Department before the start of their assignment.
  - Volunteer will have their doctor complete the Health Clearance Form and return to Project L.I.F.E.
  - Volunteer will be required to do a drug/toxicology test at Project L.I.F.E.

### **Upon Assignment Confirmation:**

- Volunteer will complete orientation paperwork
- Volunteer will be required to do Mandatory Training – Safety and HIPPA and computer training if deemed necessary
- Volunteer will receive confirmation of start and end date of assignment along with Project L.I.F.E. ID card

To be considered for future volunteer opportunities, **ALL** volunteers will be required to complete a satisfaction survey at the end of their assignment.

We look forward to meeting with you as you pursue volunteer opportunities with Project L.I.F.E.!

Sincerely,

Human Resources Department



## VOLUNTEER APPLICATION

Today's Date: \_\_\_\_\_

### Personal Information

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Why are you interested in volunteering?  Personal Interest  Educational Internship

Community Service Hours  Other: \_\_\_\_\_

Age: \_\_\_\_\_ Over 18 \_\_\_\_\_ Under 18 (*If under 18, parental/guardian consent is required*)

Have you ever received services from Project L.I.F.E.? Yes No

Foreign Languages: \_\_\_\_\_  Speak  Read  Write

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### Experience and Education

What is your highest level of education?

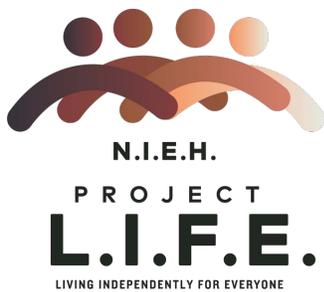
High School      Some College      College Completed (Major: \_\_\_\_\_)

Have you had any previous experience as a volunteer? If so, where and what did you do?

### General Interest

How did you learn about Project L.I.F.E.? Ad Website College/University

Other: \_\_\_\_\_



# VOLUNTEER APPLICATION

Which areas are you interested in volunteering?

Janitorial

Child Care

Security

Other \_\_\_\_\_

How long can you commit to volunteering? One Time      Occasionally       3-6 Months

6+ Months      Other: \_\_\_\_\_

Please indicate the days available to volunteer:

Mondays     Tuesdays     Wednesdays     Thursdays     Fridays     Saturdays

Available time:     Mornings                       Afternoons                       Evenings

## Hobbies/Interests:

Office Skills:     Typing     Filing     Mailing     Printing/Copying     Answering Phones

Technical Skills (Hardware/Software): \_\_\_\_\_

Other Skills: \_\_\_\_\_

**In 3-5 sentences, please explain why you would like to volunteer/intern at Project L.I.F.E.:**

## References

List two references (not family) whom you have known more than 2 years:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_



## VOLUNTEER APPLICATION

Project L.I.F.E. is an  
Equal Employment Opportunity/Affirmative Action Employer

### AUTHORIZATION AND AGREEMENT BY APPLICANT

1. I certify that the facts set forth in this Volunteer Application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in my application or placement interview may result in the rejection of my application or discharge from the volunteer program.
2. I agree to complete a drug screening and TB screening requirements relevant to the position for which I am applying.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent (if under 18)*

\_\_\_\_\_  
*Date*

Please submit completed applications to [jwoodson@newburghprojectlife.org](mailto:jwoodson@newburghprojectlife.org)