

ACQC Volunteer Information



Personal Information

Date: _____

Name _____

Address _____ Apt. _____

City, State Zip _____ Birthday (month/day) _____

Primary Email _____

Day Phone _____ Evening _____

Current Occupation _____ Retired Unemployed

How did you hear of ACQC's Volunteer Program? _____

Skills you could share & areas of interest (please check any that apply and add others)

- Fluency in a foreign language _____
- Teaching/ Education & Prevention Outreach
- Office/ clerical & administrative work
- Food Pantry
- Special events volunteering
- Fund-raising
- Computer skills/programs/Internet
- Others: _____

Volunteer Experience (please list current & past organizations to which you have belonged, and activities performed)

Organization	Dates you served as volunteer	Position/ Activities

Please list any health/ physical limitations, including allergies (so that we may better accommodate your wishes)

Availability Monday Tuesday Wednesday Thursday Friday

Morning _____ Afternoon/Evening _____ Other: _____

Location Please indicate which ACQC site(s) you would like to volunteer at:

- Rego Park (97-45 Queens Boulevard)
- Jamaica (175-61 Hillside Avenue)
- Far Rockaway (1600 Central Avenue)
- Long Island City (42-57 Hunter Street)
- Long Island City (44-61A 11th Street)
- Long Island City (33-10 Queens Boulevard)

References (please list 2-3 personal/work references)

Name, title & phone	Relationship	Years known

Please return completed Volunteer Information sheet to ACQC Volunteer Coordinator by fax: **718-275-2094**; email: **ccasquero@acqc.org** or by mail: **97-45 Queens Boulevard, Rego Park, NY 11374**

For Volunteer Coordinator/ Office use

Department/ Area of work: _____