

Albany Maritime Ministry
109 Smith Blvd., Port of Albany, NY 12202
(518) 426-9153

Volunteer Application

Applicant name: _____
Last First MI

Address: _____

City/Town _____ State _____ Zip code _____

Primary phone: () _____ - _____ Other phone: () _____ - _____

Email address: _____

Preferred method and time to reach you: _____ 1st: _____ 2nd: _____ 3rd: _____

Emergency contact person: _____ Relationship: _____

Primary phone: () _____ - _____ Other phone: () _____ - _____

Applicant Information

Do you speak any languages other than English? Please list language(s):

Please tell us about your work experience, including paid and volunteer positions. *If you are currently employed, please list your current job first. Use the remaining spaces to describe other work experiences (paid or volunteer) that relate in any way to the AMM volunteer position. For additional space, please attach another sheet of paper.*

Organization: _____ **Position/Title:** _____

City/State: _____ Phone: () _____

Type of work: _____ Years: _____ to _____

Role: _____ Paid employee _____ Volunteer _____ Other _____

Organization: _____ **Position/Title:** _____

City/State: _____ Phone: () _____

Type of work: _____ Years: _____ to _____

Role: _____ Paid employee _____ Volunteer _____ Other _____

Organization: _____ **Position/Title:** _____

City/State: _____ Phone: () _____

Type of work: _____ Years: _____ to _____

Role: _____ Paid employee _____ Volunteer _____ Other _____

Please describe any skills or experience that would enable you as an AMM volunteer.

Religious affiliation: _____ Are you willing to do Spiritual Outreach ____ Yes ____ No

Home Church: _____ Address: _____

Do you hold specialized Certifications (eg. First Aid, CPR, etc)? _____

_____ Certificate date _____ Expiration: _____

Do you have any medical conditions that may affect your ability to function as an AMM volunteer, or require any special accommodations that AMM should know?

_____ Yes _____ No If yes, please describe:

Do you have a valid drivers license? ____ Yes ____ No. Issuing State? ____ License # _____

If you will be driving for AMM, you will need to provide a copy of your driver's license.

Have you ever been refused a Security Clearance? ____ Yes ____ No If yes please explain: _____

Do you have any felony convictions? ____ Yes ____ No If yes, please give court and dates. _____

Interest in Albany Maritime Ministry

How did you learn about AMM?

Please tell us why you would like to volunteer with AMM.

Please indicate the days and times that you are usually available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Authorization and Certification

I certify that the information I provided in this application is true, complete, and accurate to the best of my knowledge. I also authorize the AMM to contact the references named below with regard to my application to become a volunteer. I also authorize the persons referenced to provide information in connection with my application, and release them from any liability in regard to it.

Signature: _____ Date: _____

References

Please provide three references, including at least one professional or work reference, that are not related to you and who we may contact to ask about your qualifications (if the reference is a supervisor or co-worker, please note the organization for which she or he works).

Name (first, last): _____ Organization: _____

Phone: () _____ - _____ How long known? _____ Relationship: _____

Name (first, last): _____ Organization: _____

Phone: () _____ - _____ How long known? _____ Relationship: _____

Name (first, last): _____ Organization: _____

Phone: () _____ - _____ How long known? _____ Relationship: _____