

## Albany Maritime Ministry Welcoming Seafarers along the Hudson River in New York's Capital District

## Volunteer Application

Applicant name:	First	MI			
Address:					
City/Town	State	Zip code			
Primary phone:	Email address:				
Preferred method to reach you:	Preferred nam	ne:			
Emergency contact person:	Relati	ionship:			
Primary phone:	Other phone:				
Do you speak any languages other than Englis	sh? Please list language(s):				
Religious affiliation:	Are you willing to	o do Spiritual OutreachYesNo			
Home Church:	Address	Address:			
Please tell us about your work experience, in please list your current job first. Use the remaining sp any way to the AMM volunteer position. For additional Organization:	aces to describe other work exp space, please attach another sh	eriences (paid or volunteer) that relate in neet of paper.			
City/State:					
Type of work:					
Role: Paid employee Voluntee	er Other				
Organization:	Positio	n/Title:			
City/State:	Phone:				
Type of work:	Years:	to			
Role: Paid employee Voluntee	er Other				
Please describe any skills or experience that Include specialized training like First Aid, CPR, CPE. For certi	•				

Do you have any medical conditions that may affect your ability to function as an AMM volunteer, or requir any special accommodations that AMM should know? Yes No If yes, please describe									
Do you have	a valid drivers vill be driving for A	license?\ MM, you will need	esNo. Issu	ing State? If your driver's lice	Lice	ense #			
Have you eve	er been refuse	d a Security C	:learance?`	YesNo. If	yes please ex	plain:			
Do you have	any felony cor	nvictions?	YesNo. If yo	es, please exp	olain:				
How did you	learn about A/	MM?							
Please tell us	s why you wou	ld like to volu	unteer with AM	M					
Please indica	ite the days ar	nd times that	you are usually	y available.					
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
Morning Afternoon Evening									
I certify that knowledge. I to become a	also authorize volunteer. I al	on I provided the AMM to so authorize	on in this applica contact the re the persons re any liability in	ferences nam ferenced to p	ed below with	n regard to my	application		
Signature:		Date:							
to you and w	de three refere ho we may co	ntact to ask a	ng at least one bout your qual which she or	lifications (if		•			
Name (first,	ame (first, last):				Organization:				
Phone:	E	mail:		Relationship:					
Name (first,	last):			Org	ganization:				
Name (first,	last):			Org	ganization:_				