



One-for-One Application

AHRC New York City is an Equal Opportunity Employer.

We consider applicants for all volunteers without regard to age, race, color, creed, religion, national origin, alienage or citizenship status, gender, sex, sexual orientation, pregnancy, disability, marital status, partnership status, military status, status as a victim of domestic violence, sex offenses or stalking, genetic information, or unemployment.

C O N T A C T	LAST NAME	FIRST	MIDDLE	DATE
	STREET ADDRESS			TELEPHONE NUMBER(S) HOME: _____ CELL: _____
	CITY, STATE, ZIP			E-MAIL ADDRESS
	HOW DID YOU HEAR ABOUT ONE-FOR-ONE? <input type="checkbox"/> COLLEGE PROFESSOR <input type="checkbox"/> INTERNET <input type="checkbox"/> FRIEND/RELATIVE <input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> AHRC EMPLOYEE (NAME) _____ <input type="checkbox"/> SCHOOL (NAME) _____			

V O L U N T E E R	WHY ARE YOU INTERESTED IN THE ONE-FOR-ONE PROGRAM?	
	WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE ACHIEVED?	ARE YOU UNDER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	WHAT ARE YOUR FAVORITE LEISURE TIME ACTIVITIES?	ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No
	BRIEFLY DESCRIBE YOUR MOTIVATION FOR APPLYING TO BE A ONE-FOR-ONE VOLUNTEER:	
	WHAT BOROUGH(S) ARE YOU INTERESTED IN VOLUNTEERING IN? <i>PLEASE CHECK ALL THAT APPLY</i> <input type="checkbox"/> BRONX <input type="checkbox"/> BROOKLYN <input type="checkbox"/> MANHATTAN <input type="checkbox"/> QUEENS <input type="checkbox"/> STATEN ISLAND	

PLEASE LIST ANY PROFESSIONAL OR COMMUNITY ORGANIZATIONS YOU ARE INVOLVED WITH:

YOU MAY EXCLUDE MEMBERSHIP WHICH WOULD REVEAL RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, SEXUAL ORIENTATION, CITIZENSHIP STATUS, GENDER, RELIGION, NATIONAL ORIGIN, DISABILITY, PREGNACY, MEDICAL CONDITION, GENETIC INFORMATION, IF YOU ARE A VICTIM OF DOMESTIC VIOLENCE OR ABUSE, STATUS AS A DISABLED VETERAN OF THE VIETNAM ERA, VETERAN STATUS, SPECIAL DISABLED VETERAN OR OTHER PROTECTED STATUS.

EMPLOYMENT

IN WHAT GENERAL FIELD DO YOU WORK?

NAME OF EMPLOYER:

CAN WE CALL YOU AT WORK?

YES NO

ADDRESS:

WORK PHONE:

PLEASE DESCRIBE YOUR OCCUPATION:

REFERENCES

PLEASE PROVIDE AT LEAST 3 CHARACTER REFERENCES WHO HAVE KNOWN YOU FOR AT LEAST ONE YEAR

ONE SHOULD BE A PROFESSIONAL CONTACT

ONE SHOULD BE A SPOUSE, SIGNIFICANT OTHER, FRIEND OR FAMILY MEMBER

THE THIRD IS UP TO YOU.

1	NAME	TELEPHONE NUMBER
	RELATIONSHIP	EMAIL
2	NAME	TELEPHONE NUMBER
	RELATIONSHIP	EMAIL
3	NAME	TELEPHONE NUMBER
	RELATIONSHIP:	EMAIL

ARE YOU CONFIDENT YOU CAN MAKE THE TIME COMMITMENT OF AT LEAST 1 YEAR WITH A PARTNER ON A REGULARLY SCHEDULED BASIS?

YES NO

WHAT ARE YOUR PREFERRED DAYS AND TIMES TO MEET?

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOU?

APPLICANT STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize release of any information regarding my participation in the one-for-one program to AHRC New York City. I also authorize AHRC New York City to check my background for any criminal record.

This volunteer application shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for an volunteer beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any volunteer relationship with this organization is of an "at will" nature, which means that the Intern may resign at any time and the Agency may discharge the Intern from the program at any time with or without cause. It is further understood that this "at will" volunteer relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

If I am accepted as an Intern, I understand that false or misleading information given in my application or interview(s) may be grounds for immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of the Agency.

Signature of Applicant

Date

Please email your completed One-for-One application to **Stefanie.Nelson@ahrcnyc.org**