



33 Elk Street, 2nd Floor
Albany, NY 12207
518-445-1273 *tel*
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info@preventchildabuseny.org
www.preventchildabuseny.org

Volunteer Application

Thank you for your interest in volunteering for Prevent Child Abuse New York! While we do not work directly with children, the sensitivity of our work requires that we screen volunteer candidates with an application and interview process. We have many different opportunities, and we'd like to find the one that suits you best!

Name _____ Date _____

Address _____

County _____

Phone _____

Email _____

Occupation _____

Volunteer Interest:

Parent Helpline Clerical/Admin Support Conference (April) Public Awareness
 Advocacy Community Events Fundraising Other _____

Availability (Please note Office Hours are 9:00am-5:00pm Monday-Friday):

Weekly (Days & Times) _____

Monthly (Days & Times) _____

Annually (Months) _____

Time or Event-Based Commitment (IE: I can volunteer for a special event, 3 month commitment.) _____

Please submit your application to:

Prevent Child Abuse New York
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info@preventchildabuseny.org
Fax: (518) 436-5889

Once you've submitted your application, we'll schedule an in-office interview to consider the following:

- ☞ How did you learn about the volunteer opportunities at Prevent Child Abuse New York?
- ☞ Why did you choose to volunteer for our organization?
- ☞ What do you hope to gain from your volunteer experience?
- ☞ What positive benefits can you offer as a volunteer?
- ☞ Please be prepared to offer three personal, non-relative references.