



Leadership Training Institute

50 Clinton Street, Suite 607, Hempstead, NY 11550 Telephone: (516) 483-3400 Fax: (516)483-3402 Email: info@ltiny.org

VOLUNTEER APPLICATION

PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS

DATE: _____

PERSONAL DATA

Name: _____
Last Middle First

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone:(Home) _____ Cell: _____ Email _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Emergency Contact 1

Name: _____ Telephone: _____ Relationship: _____

Emergency Contact 2

Name: _____ Telephone: _____ Relationship: _____

Have you ever been convicted of a crime including any sexual or child abuse/neglect related offense?

Yes No

Note: Answering "yes" does not automatically exclude you from further consideration.

If yes, Please explain: _____

Do you have a valid driver's license? Yes No State: _____ License No: _____

How did you learn about LTI? _____

Why do you want to volunteer with LTI? _____

What do you hope to gain from volunteering? _____

Please describe any skills or experience that you have to perform the duties of an LTI volunteer.

Please indicate the days and time that you are willing to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you speak any languages other than English? _____

EMPLOYMENT AND VOLUNTEER EXPERIENCE:

Please tell us about your work experience, including paid and volunteer positions. If you are currently employed, please list your current job first. (A separate sheet may be attached.) You must explain any gaps in your employment history.

Employer Name: _____ Telephone: _____

Address: _____

Name of Supervisor: _____ May we contact: Yes No

Dates: From _____ To _____

Duties: _____

Paid employee: _____ Volunteer: _____ Other: _____

Reason for leaving: _____

Employer Name: _____ Telephone: _____

Address: _____

Name of Supervisor: _____ May we contact: Yes No

Dates: From _____ To _____

Duties: _____

Paid employee: _____ Volunteer: _____ Other: _____

Reason for leaving: _____

REFERENCES (Please list three persons not related to you who know your qualifications.)

NAME	ADDRESS	PHONE	RELATIONSHIP

AUTHORIZATION AND CERTIFICATION

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for volunteer. I further understand that, if accepted, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice.

I consent to and authorize Leadership Training Institute (LTI) to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for volunteer. I further authorize LTI to run a background check and/or statewide central background clearance and/or driving record check.

Signature: _____ Date: _____