## Mountain Lake Services 10 St. Patrick's, Port Henry, NY 12974

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## **VOLUNTEER/UNPAID INTERN APPLICATION**

ast Name	First Name	Middle Initial		
ddress			Home Phone #	
			Cell Phone #	
re you 16 or older?	☐ Yes ☐ No Are you 18 o	Email Address		
DUCATION				
Name, I HIGH SCHOOL	ocation, & Phone #	# of years completed	Curriculum	Degree received
OLLEGE				
RADUATE SCHOOL				
THER				
EFERENCES: PF ferences)	ROFESSIONAL, EDUCATIO	ONAL or PERSONAL (I	minimum of two	o (2) unrelated
AME	COMPLETE MAILING ADDRESS	S PHONE N	UMBER # YE	ARS OF ACQUAINT

## CHECK OFF WHAT VOLUNTEER OPPORTUNITIES MAY INTEREST YOU

Activity Enhancement	Other Opportunities			
<ul> <li>☐ Recreation (afternoon/evenings)</li> <li>☐ Special Olympics (seasonal)</li> <li>☐ Community-based habilitation-assist with socialization skills, functional learning (afternoon/evenings and/or weekends)</li> </ul>	☐ Special Events ☐ Fundraising ☐ Committee member ☐ Clerical Assistance ☐ Information Technology			
Be a Volunteer at one of our sites  ☐ Residential Group Home (afternoon/evenings and/or weekends) ☐ Sheltered Workshop (days) ☐ Day Program -classroom setting (days)	Internship  Please list the areas needed for your internship if different than above:			
WHEN ARE YOU AVAILABLE TO VOLUNTEER? (Days, Evenings, Weekends, Specific Times interning, list the total number of hours needed for the internship  APPLICANT'S STATEMENT: I certify that the answers given herein are true and complete. I authorize the investigation of all statements contained in this application for volunteer services, as it may be necessary in establishing eligibility for volunteer status. I understand that the completion of this application is not a guarantee of a volunteer placement. I understand that I am required to abide by all rules and regulations of the Herkimer Area Resource Center. I understand that services delivered are not monetarily compensated.				
Signature of Applicant	Date			