

Volunteer Application

Please submit your completed form by email (preferred), fax or mail to:

The New York Milk Bank, Attention: Roseanne Motti

Email: rrmotti@nymilkbank.org

Phone: **(212)-956-6455** Fax: **(914) 202-3358**

Mail: **401 Columbus Avenue, Valhalla, New York, 10595**

Name (first, middle, last)

Address

City

State

Zip

Phone

Email

Where did you hear about The New York Milk Bank?

Why are you interested in volunteering with The New York Milk Bank?

What is your current occupation or schooling (please list company if you are working)?

What skills do you have?

- Clerical/Office
- Fundraising
- Writing/Editing
- Public Speaking
- Project/Program Management
- Event Planning
- Marketing/PR
- Information Technology/Web Design
- Food Safety/Handling

- Laboratory
- Nursing/Medical
- Bilingual or Multilingual (list languages which you can speak, read, and write):

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- Milk Rider* (pick up or deliver milk)
 - Other:

Do you have experience that could be relevant?

What kinds of tasks or projects are you most interested in?

What days and times are you usually available?

How much time per week or month are you able to commit to volunteering?

Have you ever been convicted of a crime, including a sex related or child abuse related offense?
If yes, please explain:

Are you willing to submit to a background check?

Yes No

Do you have any questions or anything you would like to tell us?

Please provide the name and number for an Emergency Contact:

Name: _____ Number: _____

Milk Riders: You must provide your drivers license number, state and automobile insurance information below. We will also require a copy of the front and back of your Drivers License and automobile insurance.

Lic#: _____ State: _____

Insurance Company: _____ Policy #: _____

Please list 2 references (other than family members):

1) Name: _____ Relationship: _____

Phone: _____ Email: _____

2) Name: _____ Relationship: _____

Phone: _____ Email: _____