



217 Cedar St.
Oneida, NY 13421
315-363-3590

VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

CITY

STATE

ZIP

PHONE NUMBER: _____

CELL PHONE: _____ E-MAIL: _____

TYPE OF WORK VOLUNTEERING FOR: _____

List any volunteer work you have done in the past three years: _____

Special Skills: _____

Available days and times: _____

Applicants

Signature: _____