

NUTRITION CONSORTIUM
OF NEW YORK STATE

Volunteer Application

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Profession and name of employer: _____

If a student, please specify name of school and focus of study: _____

How did you hear about the Nutrition Consortium of New York State? _____

Please indicate one or more areas of interest:

- | | |
|---------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Advocacy & public policy | <input type="checkbox"/> Grant writing |
| <input type="checkbox"/> Child Nutrition Programs | <input type="checkbox"/> Hunger related research |
| <input type="checkbox"/> Communications/Media Relations | <input type="checkbox"/> Information technology |
| <input type="checkbox"/> Data entry | <input type="checkbox"/> Promotional/Outreach materials for Nutrition Programs |
| <input type="checkbox"/> Event planning | <input type="checkbox"/> Senior Nutrition Programs |
| <input type="checkbox"/> Finance and accounting | <input type="checkbox"/> Statistics and data analysis |
| <input type="checkbox"/> Food Stamp Program | <input type="checkbox"/> Web design and updating |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> General anti-hunger work | |

Approximately how many hours per week are you interested in volunteering? _____

What date would you like to start volunteering? _____ End date? _____

Indicate hours you are available. Our usual business hours are 8 am - 5 pm. Please specify if you would like to work outside our normal business hours as it may be possible depending on project interest

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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Please list any language skills (fluency level; whether written and/or spoken): _____

Please write anything that you feel would be important for us to know about yourself and/or your interests, education, and skills; you may want to include information about previous volunteer experiences.

Please list two (2) personal or professional references, indicating their names, phone numbers, and relationship to you.

1) _____

2) _____

Please return application to:

Connie McIntyre, Administrative Assistant • connie.mcintyre@nutritionconsortium.org

• Phone 518-436-8757 ext 19 • Fax 518-427-7992

Nutrition Consortium of NYS • 14 Computer Drive East, Flr 2 • Albany, NY 12205

www.nutritionconsortium.org