

# The Broome County Council of Churches Inc

## VOLUNTEER APPLICATION

Thank you for expressing an interest in volunteering at the Broome County Council of Churches.  
Please complete the following form to help us match you with our programs and events.

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\_\_\_\_\_  
Printed first and last name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Date of application

\_\_\_\_\_  
Where did you hear about us

Preferred method of contact?

**Please circle one:** email/phone

Will you be working with a group or organization?

Please check one:     YES     NO

Please print the name of the group or organization (if it applies):

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If you are a student, when will your availability end? Month/Year \_\_\_\_\_

Please check all programs (areas) that are of interest to you:

- Faith in Action Volunteers    Senior Living Ministry    Ramp it Up    Hospital Ministry  
 CHOW Warehouse    CHOW Farm  
 Jail Ministry    Clerical/Data Entry    Receptionist    Mailings

Other \_\_\_\_\_

Which day(s) of the week are you able to volunteer?

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

Which hours are you most likely able to work?

Daytime – AM Hours    Daytime – PM Hours    Evening Hours

What skills/talents or special interests do you have?

- Driving    Construction    Inventory    Cleaning    Computer skills    Clerical  
 Visiting    Accounting    Grounds keeping    Gardening    Fundraising  
 Other \_\_\_\_\_

Will you need a certificate verifying your hours?    YES    NO

How many hours do you need to serve? \_\_\_\_\_

Please send application form (along with liability release form) to: Broome County Council of Churches,  
3 Otsenigo St, Binghamton, NY 13903 or email to [rkleit@broomecouncil.net](mailto:rkleit@broomecouncil.net) or fax to (607) 724-9148