

| Official Use Only        |              |
|--------------------------|--------------|
| Date                     | _____        |
| Time                     | _____        |
| Staff                    | _____        |
| HMIS                     | Y or N _____ |
| NYS SOR: (Circle) Yes No |              |
| USA SOR: (Circle) Yes No |              |
| Initials/Date/Time:      |              |

313 Mill Street, Poughkeepsie, NY 12601  
 (845) 454-5176 Tel  
 (845) 485-1641 Fax



Please return completed form to:  
 313 Mill Street, Poughkeepsie, NY 12601

## Volunteer Application

Date:

First Name:

Last Name:

If under 18 please list age:

Email address:

Group Name (if applicable):

Home/Work Phone:

Cell Phone:

Mailing Address:

City, State, Zip Code:

How did you hear about us?

Why are you interested in volunteering with Hudson River Housing?

Do you have any special talents or skills?

What is your availability?

Is this for court-mandated community service?

Yes

No

If yes, please describe your offense:

Have you ever been convicted of a sexual crime?

Yes

No

Have you volunteered with us in the past?

Yes

No