

**ALBANY COUNTY CRIME VICTIM AND SEXUAL VIOLENCE CENTER  
OFFICE VOLUNTEER APPLICATION**

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS:

Home \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

Business Name/Address \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

TELEPHONE:

Home \_\_\_\_\_ Hours to call \_\_\_\_\_

Business \_\_\_\_\_ Hours to call \_\_\_\_\_

Cell \_\_\_\_\_ Hours to call \_\_\_\_\_

E-mail address \_\_\_\_\_

Month & Date of Birth \_\_\_\_\_

Courses or training relevant to the services of the Center: \_\_\_\_\_  
\_\_\_\_\_

Relevant work experience: \_\_\_\_\_  
\_\_\_\_\_

Educational Background: \_\_\_\_\_  
\_\_\_\_\_

Are you currently in school? Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Major \_\_\_\_\_

If yes, where? \_\_\_\_\_

Are you employed? \_\_\_\_\_ Place of employment \_\_\_\_\_

Do you have other commitments? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

