



TOWN OF SHELTER ISLAND
HUMAN RESOURCES DEPARTMENT
38 North Ferry Road, P.O. Box 970, Shelter Island, NY 11964-0970
631-749-0057

VOLUNTEER APPLICATION

CONFIDENTIAL

Thank you for your willingness to Volunteer for the Town of Shelter Island !

Please complete this form and return to the Human Resources Manager, Coco Lee Thuman
CThuman@TownShelterIsland.gov

Date _____

Name _____

Address _____

Mailing Address _____

Cell Phone _____ Home Phone _____

Email Address _____

Please answer the following questions:

(1) What is your area of interest in volunteering for the Town of Shelter Island ?

(2) Do you have a specific Department or Program you would like to volunteer for ?

(3) Please list any skills and/or experience you would like to use while volunteering:



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(4) What days and times are you available to volunteer for the Town ?

Please list any Volunteer and/or Employment Experience

(1) Company/ Agency Name _____

Address _____

Email _____

Phone _____

Contact _____

Dates FROM _____ TO _____

(2) Company/ Agency Name _____

Address _____

Email _____

Phone _____

Contact _____

Dates FROM _____ TO _____

Additional Information:

Please let us know why you want to volunteer for the Town of Shelter Island ?



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Please Sign:

I certify that the information provided in this application is true and complete. I understand I may be required to have a Background Check and/or LENS Report run if volunteering with Seniors or Youth Members.

Applicant's Signature _____

Date _____

OFFICE USE ONLY

Department Head Signature _____ **Date** _____

Human Resources \Manager _____ **Date** _____

Approved **YES** **NO** **Filed** _____ **Initials** _____