



7 Morrill Place Fulton, NY 13069

PHONE: (315) 598-3108 · EMAIL: hr@oswegoind.org · WEB: www.oswegoindustriesinc.org

Volunteer Application

Name: _____ Date: _____

Address: _____
Street City State Zip

Primary Phone: (____) _____ E-mail Address: _____

Date available to start: _____ Hours needed(intern/ service learning): _____

Days/times available to volunteer: Please place an 'x' in any time slot you are available.

Table with 8 columns (Monday-Sunday) and 3 rows (Morning, Afternoon, Night)

(Please note that volunteer times will usually be completed Monday - Friday, weekends are for events)

Please list any volunteer experience (if any) that you have:

Company: _____ Position: _____ Dates: _____ to _____

Company: _____ Position: _____ Dates: _____ to _____

Have you been convicted of a felony? Yes No

If yes, please explain: _____

Please note that upon acceptance of volunteer application, applicant will be subject to extensive background checks before volunteer work is permitted.

Please list three references below to verify your work or volunteer experience and /or personal character.

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Applicant Signature: _____ Date: _____