



Prevention Works, Inc.
509 N. Main Street
JAMESTOWN, NEW YORK 14701
(716)664-3608

Volunteer/Intern Application

Date:

Name LAST FIRST MIDDLE

Address: STREET CITY STATE ZIP

Phone #:

Email:

How did you hear about Prevention Wroks?

When could you start?

What days and times are best for you to volunteer?

Table with 3 columns: Education, School Name, Subjects studied. Rows include HIGH SCHOOL, COLLEGE, and GRADUATE STUDY.

References: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

Table with 4 columns: NAME, ADDRESS, PHONE #, YEARS ACQUAINTED. Rows 1, 2, 3.

Describe any experience that you have had that may be helpful for volunteering at CASAC. (i.e. typing, filing, computer, teaching, etc.)

I GIVE PERMISSION TO CHECK THE REFERENCES GIVEN IN THIS APPLICATION.

DATE: SIGNATURE: