



## PCR Volunteer Application

Please fill out the application and return it to the Volunteer Program by e-mail or mail. For more information, please submit your questions to [volunteer.pcrnyc@gmail.com](mailto:volunteer.pcrnyc@gmail.com) or call 917-982-3738.

**Phone:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**State:** \_\_\_\_\_  
**School:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**Zip Code:** \_\_\_\_\_  
**Other Contact** (\_\_\_\_\_) \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Why do you wish to volunteer at PCR? What do you hope to gain from this volunteer experience?**

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**How many hours per week do you wish to volunteer?** \_\_\_\_\_

**When are you available?** Please be specific. Start Date \_\_\_\_\_ - End Date \_\_\_\_\_ *Please specify your availability for each day of the week*

**What language(s) do you speak fluently?** \_\_\_\_\_ English \_\_\_\_\_ Chinese (Cantonese) \_\_\_\_\_ Chinese (Mandarin) \_\_\_\_\_ Chinese (Fujianese) \_\_\_\_\_ Spanish \_\_\_\_\_ Other(s) \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**What type of skills do you have?** *(Software, artistic skills, etc...)* \_\_\_\_\_

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**Have you applied for volunteer work at PCR in the past?** \_\_\_\_\_

**Have you ever been affiliated with PCR? If so, please indicate your relationship** (family of staff, program participant, volunteer, etc...) \_\_\_\_\_

**Education Level:** *Please list your most recent education background.*

**Previous Work/Volunteer Experience:** *Attach additional pages if necessary.*

Parent-Child Relationship Association • 464 59RD Brooklyn, NY 11220

Email: [pcrelationship@gmail.com](mailto:pcrelationship@gmail.com) • Website: [WWW.PCR.NYC](http://WWW.PCR.NYC)



School and Location (City/State)	Major	Last Grade/Year Completed Anticipated Graduation	Degree (if any)

Organization and Location	Job Title	Date of Service	Brief Description of Responsibilities

**References:** Please provide the names and contact information for two non-relative references.

Name	Address	Phone / E-mail	Relation

**How did you hear about us?** \_\_\_\_\_

**Additional Comments / Questions:** \_\_\_\_\_

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## Certification

I certify that the information provided on this application is true and accurate. I understand that the withholding of any information sought by this application or the giving of false information may result in my disqualification from consideration for volunteer services for PCR or, if discovered after I have begun volunteering at PCR, my termination as a volunteer at PCR.

I certify that I have read the **PCR Volunteer Code of Conduct**. I understand that if I am offered and accept a volunteer position with PCR, I am responsible for abiding by the PCR Volunteer Code of Conduct. I understand that failure to abide by the aforementioned standards is grounds for immediate dismissal without compensation.

**I HAVE READ THE ABOVE PRIOR TO SIGNING THIS APPLICATION.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Parent or Guardian*

*Signature required if under 18*