BRICK IT AGAIN
JAWONIO

www.brickitagain.org

☐ 260 N. Little Tor Road, New City, NY 10956

☐ 176 S. Broadway, Yonkers, NY 10701

☐ 7 Lake Ridge Plaza, Valley Cottage NY 10989

(845) 839-7032 / Fax: (845) 634-7731 / TTY/TDD: (845) 634-4672

Volunteer Application

At Jawonio (Brick It Again) we believe volunteer collaboration strengthens our organization with resources and energy and allows us to deliver our mission by enhancing support for the people we serve and their families. Jawonio (Brick It Again) volunteer opportunities and training requirements vary by program and position.

Personal Information

Name _____ (Last) _____ (First) _____ (Middle Initial)

Address _____ (Street)

_____ (City) _____ (State) _____ (Zip Code) _____ (E-mail Address)

Telephone _____ (Home) _____ (Cell) _____ (Work)

How Did You Hear About Us?

Please tell us who:

I'm a Former Employee ❑ Through School ❑ _____ Internet ❑ _____

I'm a Former Volunteer ❑ Through a Family Member ❑ _____ Other ❑ _____

How Would You Like to Volunteer?

Volunteer with children ❑ Sorting Bricks ❑ LEGO Brick Specialist ❑

Volunteer with adults ❑ Donation/Collection ❑ Assemble LEGO Brick Projects ❑

Please circle your skill level in building with LEGO bricks below (number 1 being -not very experienced and number 5 being VERY experienced): 1 2 3 4 5 Comment _____

Please tell us your availability (days) and times). _____

When can you start? _____

Tell Us About Yourself (If group, please go to the next section)

Please tell us about skills you have that may be helpful for us to know or helpful in your volunteer work. Please add any information about yourself or previous experiences that you have had with people with disabilities.

_____

_____

_____

Emergency Contact

Name: _____ Contact number: _____

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Groups

Group Name: _____

Contact Person: _____

Group Email and Phone Number: _____

Number of People in Group: _____

Preferred Volunteer Dates and Times: _____

Group's Interest and Skills: _____

Group's Commitment:

By participating in this volunteer opportunity, we understand and agree to the following:

1. All members of your group are willing to commit to the agreed-upon volunteer dates and times.
2. We will act respectfully and responsibly towards the organization, its staff, and other volunteers.
3. We will adhere to any rules, guidelines, and safety instructions provided by the organization.
4. We understand that the organization may need to cancel or reschedule the volunteer opportunity, and we will be notified accordingly.

Authorization

I understand that any offer of volunteering is contingent upon the verification of data provided. I understand and certify that all the information I provide in this application and any other information I provide to Jawonio, Inc. in connection with my request for volunteering, including information given during any interview, are true, accurate, and complete. I understand that any misrepresentation or omission of fact will be cause for refusal of volunteer placement or termination of volunteering with Jawonio, Inc. I agree that Jawonio, Inc. may contact any of the references or previous employers/supervisors listed below and release all persons from liability for doing so. I understand that any offer of volunteering made to me by Jawonio, Inc. does not bind Jawonio, Inc. or me to a contractual obligation and such volunteering can be terminated at will by either party with or without cause or notice at any time. I understand that if I am selected to participate in available volunteer opportunities, I am choosing to donate my time willingly and freely for charitable purposes. I further understand that as a volunteer, I am not an employee of Jawonio, Inc. and do not have any expectation or contemplation of receipt of compensation of any kind whatsoever.

Volunteer Signature: _____ Date: _____

Group Representative Signature: _____ Date:

OFFICIAL USE ONLY:

Reviewed by (print name/title): _____

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I certify that the volunteer or group of volunteers represented on this form will be working solely on administrative tasks and will not be working alone with individuals served by Jawonio.

Reviewer Signature: _____ Date: _____