

Evening

OFFICE USE ONLY:
Alumnus (Yes or No):
Clubhouse Affiliation:
RE7 ID#:

Volunteer Application Form

Personal Information: Last Name:		First 1	First Name		Middle Initial:		
Address:							
Preferred phone				x:			
Date of Birth:			Eı	mail:			
School Attending	g/ Alumni of:						
Volunteer Inf	formation:						
Area (s) of inter	rest or experi	ence (check a	ıll that app	lies):			
O Sports		O Photograph	y	O Graj	phic Arts		
O Music		O Math		O Fina	ancial Literacy		
O Tutoring		O Writing		O English			
O Game Room		O Aquatics		O Cooking			
O Fitness		O Visual Arts		O Other:		_	
Age group (s) of	interest:	Location prefe	erence :				
O Explorers (Age	O Explorers (Ages 6-9) O Hair		Clubhouse	house O Gerry Clubhouse		O Abbe Clubhou	ıse
O Juniors (Ages 10-12)		Lower East Side		East Harlem		Flushing (Queens)	
() Leene (A rec 13-20)		287 East 10th Street New York, NY 10009		321 East 111th Street New York, NY 10029		Main 133-01 41st Road Flushing, Queens 1	1355
Please Indicate Yo	ur Availability	(example 12:3	0 to 3:30 pn	n)			
Please note our hor	•	` -	-	•	n Saturday.		
					-		_
	Monday	Tuesda	ay W	ednesday	Thursday	Friday	
Afternoon							

Are you a Veteran?	Are currently a student?	Are you a BCNY Parent?	Are you a BCNY Alumni?
O Yes	O Yes	O Yes	O Yes
O No	O No	ONo	O No