

SEPTEMBER 11TH FAMILIES' ASSOCIATION

TRIBUTE WTC VISITOR CENTER



VOLUNTEER APPLICATION

The Tribute Center ("the Association") treats all employees and applicants for employment without unlawful discrimination as to race, creed, color, national origin, sex, age, disability, marital status, sexual orientation, past, present, future service in the uniformed services, genetic carrier status or citizenship status in all employment decisions, including but not limited to recruitment, hiring, compensation, training and apprenticeship, promotion, upgrading, demotion, downgrading, transfer, lay-off and termination, and all other terms and condition of employment.

PERSONAL INFORMATION <i>(Please print)</i>				
Name _____ / ____ / ____				
Last	First	Middle	Today's Date (MM/DD/YY)	
Address _____				
Street	Apt. #	City	State	Zip Code
Phone Number (____) _____		(____) _____	(____) _____	
Home		Work	Cell	
Email _____		Social Security # _____		

INTERESTS/SKILLS *(Please mark as many as apply)*

- Enjoy speaking to groups Fundraising experience
 Enjoy working with children Publicity and promotion Leadership/management skills
 Computer skills - please specify _____
 Fluency in a foreign language – specify _____ Translation experience? _____
 Other _____

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant.

If Yes, please explain in detail _____

Please specify hours available for each day of the week:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

PROFESSIONAL REFERENCES	<i>(Please list two professional references such as former supervisors)</i>
1. Name, phone # Relationship	
2. Name, phone # Relationship	

EDUCATION

Name	Location	Degree(s) Earned
HS		
College		
Graduate		
Other		

Professional Work Experience: (Please complete even if resume has been attached)

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Name of Employer	Dates of Employment	Position(s) Held	Reason for Leaving	Phone #
1				
2				
3				

Please answer the following questions. You may attach additional sheets if necessary.

Please describe any volunteer work you have done in the past:

Please describe how you found out about the Tribute Center Volunteer Program:

IF INTERESTED IN BEING TRAINED AS A WALKING TOUR GUIDE:

Please describe your connection to the September 11th community: Survivor of the Attacks (someone who worked in the buildings or was in the vicinity during the attack), Family Member (also includes extended family, including cousins, aunts, uncles, grandparents, domestic partners, step-families and legal next-of-kin), Resident of Lower Manhattan (below Canal Street), Recovery Worker (civilian volunteers with the Red Cross or Salvation Army, construction workers, and uniformed services), etc.:

FOR GALLERY GUIDES, IF NOT A MEMBER OF THE SEPTEMBER 11TH COMMUNITY AS DESCRIBED ABOVE, PLEASE SHARE YOUR SEPTEMBER 11TH EXPERIENCE:

What qualities do you think you have that will help you be a volunteer at the Tribute Center?

Please describe your goals for being a volunteer at the Tribute Center:

What is your T-shirt size? Men's Sm Men's Med Men's Lg Men's XL Men's XXL

Please specify the volunteer opportunity at Tribute that interests you:

_____ **I am in interested being trained as a guide to lead walks of the World Trade Center site.**

_____ **I am interested in volunteering at the Tribute Center to welcome people and answer questions.**

_____ **I am interested in providing administrative support at the offices of the Tribute Center.**

If you know of anyone who may be interested in receiving information about our volunteer opportunities, please list their name(s) and contact information below:

Name _____ (____)
Last First Email Phone

Name _____ (____)
Last First Email Phone

Name _____ (____)
Last First Email Phone

Name _____ (____)
Last First Email Phone

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this volunteer application as may be necessary in arriving at a decision.

I authorize the Association to obtain information about me from my previous employer(s), and school(s) attended. I also authorize my previous employer(s) and school(s) attended to disclose to the Association such information as may be requested about me including but not limited to copies of evaluations and transcripts, and any information regarding disciplinary actions and notations regarding performance issues.

I understand that false or misleading information given in my application or interview may result in disqualification for consideration or discharge. I understand that I am required to abide by rules and regulations of the Association and all applicable laws and regulations.

Signature of Applicant

____/____/____
Date

Thank you for your interest in the Tribute Center Volunteer Program!

Please mail or fax completed application to:

Tribute Center Volunteer Program
c/o September 11th Families' Association
22 Cortlandt Street, Suite 801
New York, NY 10007
volunteer@tributewtc.org
Fax: 212 422 3588
Phone: 212 422 3520, ext. 112