



Volunteer Application

On behalf of Delphi Rise and the community we serve, thank you for your interest in volunteering to support our mission! We are excited to welcome you and your talents to our team.

Please take a moment to answer a few brief questions below. Depending on your volunteer role, there may be additional documents to review and sign, which we will provide and ensure are completed before your start date.

Kindly note that background checks are required. Be sure to include your date of birth as requested.

Applicant Information

Full Name:

DOB:

Address:

Phone:

Email:

Preferred method of contact:

Emergency contact (name/number):

Date available to begin:

How did you hear about Delphi Rise?

How many hours are you seeking?

Is there a particular program for which you want to volunteer? If not, do you have any specific areas of interest?

Please share your background/skills/experience volunteering.

Signature: _____

Date: _____

Please return this form to Erika De Jesus, HR Generalist, at edejesus@delphirise.org

Welcome to Delphi Rise. Together We Rise!

Treatment | Prevention | Care Management | Counseling
72 Hinchey Road, Rochester, NY 14624 | 585-467-2230
www.delphirise.org