



**Mail Completed Application to:**  
**Linda S. Bruno, Executive Director**  
**Stars Intergen Corp.**  
**P.O. Box 785**  
**Coeymans, NY 12045**  
**(518) 756-7389**  
**starsintergen@gmail.com**

**NAME:** | (Last) | (First) | (Initial)

**ADDRESS:** | Number | Street | City | State | Zip

**PHONE:** | Home | Work | Cell

**EMAIL ADDRESS:**

**BEST WAY TO CONTACT YOU:**

HOME PHONE       WORK PHONE       CELL PHONE       EMAIL

**DATE OF BIRTH MM/DD/YYYY**

**EMERGENCY, CONTACT NAME:**

**RELATIONSHIP:**

**PHONE:** | Home | Work | Cell

Are you a veteran? **Y N** Do you live alone? **Y N** Do you own a car? **Y N** Do you consider yourself disabled? **Y N**

What is your background regarding work, education and life experiences?

Do you have any special skills or interests that you might enjoy sharing with the students? (crafts, computers, etc.)

Do you have any experience working with children? **Y N**

What activities would you like to do with the students? (Reading, helping with assignments, talking, playing games, etc.)

Please put a checkmark next to the building or activity that you would like to volunteer for:

- A.W. BECKER ELEMENTARY (SELKIRK) – PRE-K - 5TH GRADE**
- P.B. COEYMANS ELEMENTARY (COEYMANS) – PRE-K - 5TH GRADE**
- MIDDLE SCHOOL (ROUTE 9W, RAVENA) – 6TH - 8 TH GRADE**
- HIGH SCHOOL (ROUTE 9W, RAVENA) - 9TH - 12TH GRADE**
- AFTER SCHOOL HOMEWORK CLUB**
- VAN ALLEN SENIOR APARTMENTS (GLENMONT) STAR HELPERS GRADES 6 - 12**

Please check the days and times that you can be available:

<input type="checkbox"/> Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Either
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Either
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Either
<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Either
<input type="checkbox"/> Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Either

Would you please provide us with three personal or work-related references that we may contact:

<b>NAME</b>			
<b>ADDRESS</b>			
<b>RELATIONSHIP</b>			
<b>PHONE:</b>	Home	Work	Cell
<b>EMAIL ADDRESS:</b>			

<b>NAME</b>			
<b>ADDRESS</b>			
<b>RELATIONSHIP</b>			
<b>PHONE:</b>	Home	Work	Cell
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<b>RELATIONSHIP</b>			
<b>PHONE:</b>	Home	Work	Cell
<b>EMAIL ADDRESS:</b>			

**\*\*\*\*Information on this application may be viewed by school administrative staff\*\*\*\***