

New York State Law Enforcement and Community Council

Community Affairs Volunteer Recruitment Form

Thank you for your interest in joining the NYSLECC as a Community Affairs Volunteer.

Please complete the following form to help us understand your background, skills, and interest.

Personal Information

Full Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Availability

Are you available to volunteer at least 4-6 hours per week? Yes No

Preferred Days (check all that apply): Monday Tuesday Wednesday

Thursday Friday Saturday Sunday

Preferred Time of Day: Morning Afternoon Evening

Skills and Experience

Do you have prior experience in community affairs, volunteer work, or law enforcement?

Yes No

If yes, please describe briefly:

Please list any special skills or certifications (e.g., language proficiency, event planning, etc.):

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Are you currently employed? Yes No

If yes, please specify your occupation: _____

Please attach your résumé (if available).

Interests

What motivates you to volunteer with NYSLECC?

Which areas of our work interest you the most? (Check all that apply):

Community Outreach Event Coordination Emergency Response Training

Youth Programs Anti-Gang and Drug Awareness Administrative Support

Other: _____

References

Please provide two references (professional or personal):

1. Name: _____ Relationship: _____

Phone Number: _____

2. Name: _____ Relationship: _____

Phone Number: _____

Declaration

I certify that the information provided is true and correct to the best of my knowledge.

I understand that misrepresentation or omission of facts may be grounds for termination.

Signature: _____ Date: _____

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Submit Completed Form To:

Email: info@nyslecc.org

Mail: 43-18 Main Street 2FL Flushing, NY 11354

For any questions, please contact us at (718) 599 1925.