

WOODSTOCK, NEW YORK



POLICE DEPARTMENT

76 Tinker Street • Woodstock NY 12498

Phone: 845-679-2422 • Fax: 845-679-2009

Chief of Police: Clayton Keefe

Colony of the Arts

Dispatch Supervisor: Laurie Hamilton

**Woodstock Outreach Initiative Program**

**Volunteer Angel Application**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Age Range (Please Circle): 18-25 26-35 36-45 46-55 56+

Physical Limitations: No Yes (If Yes, Please Explain)

Work/Occupation \_\_\_\_\_

Do you have a valid driver's license? Yes No If Yes, License # \_\_\_\_\_

Do you have a vehicle? Yes No

Have you ever been convicted of a crime other than a traffic violation? Yes No

If yes, please explain:

**Angel On-Call Shifts: Volunteer Availability (circle all that apply)**

Monday 10am-4pm 4pm-10pm

Tuesday 10am-4pm 4pm-10pm

Wednesday 10am-4pm 4pm-10pm

Thursday 10am-4pm 4pm-10pm

Friday 10am-4pm 4pm-10pm

Saturday 10am-4pm 4pm-10pm

Sunday 10am-4pm 4pm-10pm

Additional Volunteer Opportunities (Please Check If Interested):

( ) Transportation ( ) Compassionate Caller ( ) Letter Writer ( ) NA/AA Meetings

**Please describe your prior volunteer experience (include organization names and dates of service)**

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**What experiences have you had that may prepare you to work as a volunteer in the field of addiction and substance abuse?**

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**Please describe why you are interested in volunteering as an Angel:**

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**How did you hear about the Woodstock Outreach Initiative's Volunteer Angel Program?**

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**Skills (List all relevant skills)**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

**Languages**

- 1 \_\_\_\_\_ Fluent Read Write
- 2 \_\_\_\_\_ Fluent Read Write

**Please list any certifications you may hold (Ex: First Aid, NARCAN, CPR, Mental Health First Aid, etc.):**

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**In an emergency, notify:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

Volunteer hereby agrees to serve any Participant who is assigned regardless of race, sexual orientation, gender identity, creed or national origin.

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Name and Signature of Volunteer Angel

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Date

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Name and Signature of Police Personnel

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Date