



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

APPLICATION DATE \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Initial)

Address \_\_\_\_\_  
(Apt./Street) (City) (State) (Zip Code)

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

Are you a veteran? \_\_\_\_\_

Do you own a car? \_\_\_\_\_

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?

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 at:

- A.W. BECKER ELEMENTARY (Selkirk) – pre-K through 5th grade
- P.B. COEYMANS ELEMENTARY (Coeymans) – “ “ “
- MIDDLE SCHOOL (Route 9W, Ravenna) – 6th through 8 th grade
- SENIOR HIGH SCHOOL (Route 9W, Ravenna- 9<sup>th</sup> through 12<sup>th</sup> grade
- Summer Feeding Program (a community project)
- Community Garden or other community projects, as needed

Classroom\_\_\_\_ After School Homework Club \_\_\_\_ Summer Programs\_\_\_\_\_

How many days a week would you like to volunteer?\_\_\_\_\_

How many hours at each visit?\_\_\_\_\_

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

Monday\_\_\_\_ Tuesday\_\_\_\_ Wednesday\_\_\_\_ Thursday\_\_\_\_ Friday\_\_\_\_

Morning\_\_\_\_ Afternoon\_\_\_\_ Either\_\_\_\_\_

VAN ALLEN SENIOR APARTMENTS (Glenmont) – Star Helpers Program - Grades 6 - 12

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

1. Name\_\_\_\_\_
- Address\_\_\_\_\_
- Phone number/e-mail\_\_\_\_\_
- Relationship\_\_\_\_\_
  
2. Name\_\_\_\_\_
- Address\_\_\_\_\_
- Phone number/e-mail\_\_\_\_\_
- Relationship\_\_\_\_\_
  
3. Name\_\_\_\_\_
- Address\_\_\_\_\_
- Phone number/e-mail\_\_\_\_\_
- Relationship\_\_\_\_\_

**A COPY OF YOUR DRIVERS LICENSE IS REQUIRED FOR BACKGROUND CHECK**  
**\*\*\*Information on this application may be viewed by school administrative staff\*\*\***