

Volunteer Application

(PLEASE PRINT LEGIBLY)

Date_____

Name_____

Address_____

Town_____ State_____

Zip Code_____ Home Phone _____ Cell phone_____

Email_____

Skills (For example, typing, computers, languages, accounting)

Experience (For example, babysitter, editor, teacher, graphic artist)

Do you have previous volunteer experience? Yes____ No_____

If yes, what type of setting? (For example library, school, nursing home):

References (For example, teachers, supervisors, co-workers, but not relatives.
Please let these people know that we may be calling them.)

Name:_____

Phone (or email if outside Massachusetts)_____

Title/Position/Relationship to you

Name

Phone (or email)

Title/Position/Relationship to
you: _____

Person to contact in an emergency:
Name: _____

Home Phone: _____

Cell phone: (required) _____

I agree to volunteer for a period of at least three months:

Signature _____

FOR VOLUNTEERS UNDER THE AGE OF 16

**Volunteers under the age of 16 are not required to complete a CORI form, but must have
have their parent/guardian sign below.**

Signature of Parent /Guardian for those under sixteen:
