VOLUNTEER APPLICATION FORM

First Name:         Last Name:          Date of Birth:
Address:          City:         State:        Zip:

Home Phone Number:         Business or Cell:
E-mail:
Emergency Contact:          Relationship:        Phone #:
Place of Employment/School:         Phone #:

Please check the location in which you would most like to volunteer:
☐ Adult Services Braintree       ☐ Adult Services Hanover       ☐ Hanover School       ☐ Braintree School

Why would you like to work with children/adults with special needs?

At what times are you interested in volunteering?
☐ Weekdays       ☐ Weekends       ☐ Flexible
☐ Mornings       ☐ Afternoons       ☐ Evenings

How many hours total?
How many hours per week?

Please list your previous work experiences, paid or unpaid, or attach an updated resume.

☐ Resume Attached

Do you have previous experience working with children/adults with special needs? If so, please describe briefly.
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Is there a particular type of volunteer work or area in which you are interested? (Classroom, recreation, clerical work, etc.)

**Please name two people we can call for reference (i.e. work supervisor, teacher, etc.)**

Name:
Address: City: State: Zip:
Phone Number: (H) (Business)or (Cell)
Association:

Name:
Address: City: State: Zip:
Phone Number: (H) (Business)or (Cell)
Association:

Signature:
Date:
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AREA OF PLACEMENT

DAY/EVENING: ____________________________ TIME FRAME: ____________________________

WORK SITE: _________________________________________________________________________

STARTING DATE: _______________________ ENDING DATE: ____________________________

Revised 9/20/2011