



## 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.



## **VOLUNTEER APPLICATION FORM**

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:



## **VOLUNTEER APPLICATION FORM**

---

**AREA OF PLACEMENT**

**DAY/EVENING:** \_\_\_\_\_ **TIME FRAME:** \_\_\_\_\_

**WORK SITE:** \_\_\_\_\_

**STARTING DATE:** \_\_\_\_\_ **ENDING DATE:** \_\_\_\_\_

**Revised 9/20/2011**