

Volunteer Application Form



Name _____ Male ____ Female ____
(First) (Last)

Phone _____
(Home #) (Work #)

Address _____
(Street) (City) (State) (Zip)

Drivers License # _____ State _____
Social Security # _____

E-Mail Address _____

VOLUNTEER & EMPLOYMENT INFORMATION

1) Organization _____ Phone _____
Address _____ State _____ Zip _____
Job title _____ Contact Person _____
Job Responsibilities _____

Approximate Dates Employed _____

2) Organization _____ Phone _____
Address _____ State _____ Zip _____
Job title _____ Contact Person _____
Job Responsibilities _____

Approximate Dates Employed _____

May we contact the above employers? ____ Yes ____ No
If No, please explain why. _____

REFERENCES (If different from above)

*Please list two people that you have known for at least one year.
One should be professional (minister, teacher, boss, etc)*

1) Name _____ Phone _____
Occupation _____ Address _____

2) Name _____ Phone _____
Occupation _____ Address _____

How did you hear about Communitas? _____

Please describe any experience you have with people with developmental disabilities:

Please list any special skills, hobbies or interests you may have

Do you speak any foreign languages? If so, please list:

I am a Red Cross certified lifeguard: Yes No

I am CPR / First Aid certified: Yes No

If you will be receiving academic or community service credit, please describe your requirements:

Do you have any physical or medical conditions which may affect volunteer work?

Yes No If yes, please describe:

When are you available to volunteer?

Weekdays Weekday Evenings Weekends Weekend Evenings

Please check all programs for which you would be willing to volunteer:

(this does not commit you to a program, but gives us an idea of your interests!)

GENERAL

Office Help

Computer training

Maintenance

Fundraising

Public Relations

Companion for group-

Work/Training programs

Arts programs

home residents

Other: _____

RECREATION

Youth

Arts

Special Olympics

Teen

Swimming

Social / Community trips

Adults

Sports / Fitness Other _____

**Some programs require a commitment for entire session, generally 4-10 weeks.*

You must provide your own transportation to off-site programs.

Volunteer Agreement



I, the undersigned, represent and warrant that, to the best of my knowledge and belief, I am physically and mentally able to participate as a volunteer in Communitas programs. I agree to provide my own transportation to and from all programs and to notify a program supervisor immediately if I am unable to attend a program.

With the submission of this form I certify that all information is a true and complete statement of the facts and answers required herein without omission.

The Communitas may contact all previous employers, schools, and references for full information except as I have stated otherwise on this form. By this form, I hereby authorize and direct employers, schools, and references, named above to give any information regarding my employment or education.

If selected, I give my permission to include my name and/or picture in all Communitas promotional material, newspapers, T.V., radio, brochures, videos, etc.

Yes No

SIGNATURE _____ DATE _____

We must have your signature if you wish to be considered for volunteer positions. Thank you.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Required If under 18 years of age

If you are over the age of 18, you will be required to complete a Criminal Offender Record Information (CORI) and a Disabled Person Protection Commission (DPPC) check.

Please remit all forms to:

Volunteer Coordinator
Communitas, Inc
60-D Audubon Road, Wakefield, MA 01880
Email: volunteers@communitasma.org
Website: <http://www.communitasma.org>
Phone: (781) 587-2270
Fax: (781) 587-2271

Volunteer Medical Release Form



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Fax: (781) 587-2271

If a medical emergency should arise during participation in any Communitas program and I am not able to give my consent, for whatever reason, I authorize the organizers to take whatever measures are necessary and which it deems advisable to protect my health and well being, including but not limited to first aid, ambulance transport, and/or hospitalization.

I for myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against the sponsors, organizers and any individuals associated with the event, their successors and assigns and will hold them harmless for any and all injuries suffered in connection with Communitas.

I have read and fully understand the provisions of the above release. I understand that, through my signature of this release form, I am agreeing to the above provisions on my own behalf or on behalf of my child.

Volunteer Signature

Date

Parental Signature (for volunteers under 18)

Date

Medical Information:

Please note any allergies you may have and resulting reactions: _____

In the event of an emergency, please contact (must be a different number than home phone):

(Name) (Phone #, including area code) (Relation to volunteer)