 Volunteer

Office Use Only
Date Received:

Staff Receiving:

CORI:

Program referred:

Application Form

|  |  |
| --- | --- |
| Name: |       |
| Phone: | (home)       | (cell)       |
| Address: |       |
| Email: |       |
| Emergency Contact: |       |       |       |
| *Name* | *Relationship* | *Phone* |

VOLUNTEER INTERESTS

GENERAL

|  |
| --- |
| [ ]  Office help (clerical, reception, etc.) |
| [ ]  Outdoor help (lawn care, raking leaves, shoveling, landscaping, etc.) |
| [ ]  Activity help (dances, recreation events, etc.) |
| [ ]  Adult classroom help (specific presentation of materials, activity assistant, etc.) |
| [ ]  Other:       |

REFERENCES

*Please list three people that you have known for at least one year.*

*At least one should be professional (employer, academic/religious official, etc.)*

*\*\*If you are under the age of 18, one reference must be a professional from your current school.*

Reference #1

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Phone |       |
| Occupation |       | Address |       |
| Email address |       |
| How long has this person known you? |       |

Reference #2

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Phone |       |
| Occupation |       | Address |       |
| Email address |       |
| How long has this person known you? |       |

Reference #3

|  |  |  |  |
| --- | --- | --- | --- |
| Name |       | Phone |       |
| Occupation |       | Address |       |
| Email address |       |
| How long has this person known you? |       |

How do you feel about working with people with disabilities, some of whom have significant physical or speech impairments?

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| --- |
|       |

Volunteer Agreement

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

I agree that Communitas may contact all references for full information except as I have stated otherwise on this form. By this form, I hereby authorize and direct these references to give any information regarding my character and abilities.

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.

If a medical emergency should arise and I am not able to give my consent, I authorize the organizers to take whatever measures are necessary to protect my health and well being, including but not limited to first aid and/or calling emergency services.

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 understand that my relationship as a volunteer with Communitas can be terminated by either party at any time for any reason. Volunteer assignments are not guaranteed and are based upon availability and matching of opportunities.

I understand that, depending on assigned activities, some volunteer opportunities may not be supervised, and may require independent work.

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.

PRINT Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*

You will be required to meet with Human Resources to complete a Criminal Offender Record Information (CORI) check. All volunteer positions are dependent on clear results.

|  |  |
| --- | --- |
| Mail to:Volunteer CoordinatorCommunitas60-D Audubon Road, Wakefield, MA 01880 | Or:volunteers@CommunitasMA.orgFax: 781-587-2211Call with questions: 781-587-2210 |