



Volunteer Application

INTERVIEWER _____
DATE _____

Name: _____ Date _____

Address: _____
Street City State Zip

Phone: _____
Work Home Cell

Email: _____

DOB: _____ SS#: _____ Sex: ___ Female ___ Male

Emergency Contact: _____
Name Phone Relationship

How did you hear about our volunteer program? _____

What volunteer experience do you have? _____

Previous work experience: _____

Are there any physical limitations we should be made aware in order to structure your volunteer duties? Yes/No If yes please explain _____

Please indicate which of the following volunteer duties from our program interest you:

___ Medical Escort* ___ Small Item Shopping* ___ Clerical Support

___ Friendly Visitor ___ Telephone Reassurance

*Please note volunteers are never to transport clients in their own vehicles

Special Skills/Interests: e.g. languages, computer skills, photography, painting, etc.

Please include any additional information which you feel will help us to better understand you and your interests _____

What days and times are you available to volunteer? _____

Morning _____ Time _____

Afternoon _____ Time _____

CBES serves clients in the Boston neighborhoods of Allston, Brighton, Back Bay, Fenway, Mission Hill, North Jamaica Plain, North Dorchester, Roxbury and South End.
Have you a geographical preference? Yes/No Specify _____

Would you consider other areas? Yes/No Specify _____

References: Please list two references we may contact. They may be employers, colleagues or personal friends.

Name: _____ Relationship _____

Telephone: _____

Name: _____ Relationship _____

Telephone: _____

Signature of Applicant

Date

A CORI check will be conducted as part of the application process.