

# Volunteer Application

*(All information will be treated confidentially. Please answer all questions as completely as possible. Completion of this form does not indicate that volunteer positions are open, nor does it constitute an offer or contract of placement.)*

Name \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How did you learn of our volunteer programs? \_\_\_\_\_

Why are you interested in volunteering? \_\_\_\_\_

How many hours would you like to volunteer per week? \_\_\_\_\_

What skills would you like to share with the community/MVES? \_\_\_\_\_

## EXPERIENCE

### *Work Experience*

Employer/Location	Position	Dates

## EXPERIENCE CONTINUED

### *Volunteer Experience*

Organization	Activity	Dates

## PERSONAL INFORMATION

### *Education*

	Name of Institution	Location	Degree or Certificate
High School			
College			
Other			

*Languages* \_\_\_\_\_

If you are multi-lingual, please list language(s) above and rate the levels at which you speak \_\_\_ read \_\_\_ and/or write \_\_\_ the language(s) listed e.g. fluent \_\_\_ proficient \_\_\_ basic \_\_\_?

### *References*

Please name two personal references (*should not be family members*):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

*In case of emergency, please specify a person who we should contact:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## VOLUNTEER OPPORTUNITIES

(Please check off or prioritize any of the following programs that interest you.)

- |  |  |
|--|--|
| <input type="checkbox"/> RSVP Reading Partners Tutor       | <input type="checkbox"/> Nutrition Program @ Meal Sites    |
| <input type="checkbox"/> Money Management                  | <input type="checkbox"/> Nutrition Program @ Food Pantries |
| <input type="checkbox"/> Health Benefits Counselor (SHINE) | <input type="checkbox"/> Nursing Home Ombudsman            |
| <input type="checkbox"/> Senior Travel Friends driver      | <input type="checkbox"/> Internship                        |
| <input type="checkbox"/> Administrative/Clerical/Office    | <input type="checkbox"/> Other (specify) _____             |

## CONFIDENTIALITY, INFORMED CONSENT and AUTHORIZATIONS

### *Confidentiality and Conflict of Interest Statements*

I will observe the confidential nature of all information given to me during the course of my volunteer service at Mystic Valley Elder Services, Inc.

I certify that my volunteer service at Mystic Valley Elder Services, Inc. is not a conflict of interest. Neither I nor members of my immediate family have a financial or other interest in Mystic Valley Elder Services, Inc., nor in any of its subcontractors or other providers. If this situation should change, I will notify the Executive Director, in writing, and identify such potential conflict of interest.

### *Informed Consent for Release of Information*

I grant permission for Mystic Valley Elder Services to use my name, any photos, videos, or stories of my accomplishments; and/or other identifying information about me in legitimate accounts on my work and experiences as a volunteer.

- I authorize MVES to contact references listed above and verify my employment and /or volunteer history.
- I understand that if offered a volunteer position by MVES, the offer is contingent on a satisfactory criminal background check.
- I certify that the information contained in this application is correct to the best of my knowledge and I understand that falsification of the information is grounds for my dismissal.
- I understand that if I use my car in my volunteer activities, I must maintain the personal insurance protection that is required by Massachusetts State law. I further understand that as a Mystic Valley Elder Services volunteer, I am not paid for my services.

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Applicant Signature

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Date

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*If applicant is 16 or 17 yrs old*  
Signature of Parent /Guardian

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Date