



105 Spring Street • Cambridge, MA 02141

VOLUNTEER APPLICATION

Name _____ **Date** _____

Address _____

Number *Street* *Apt. #*

City *State* *Zip Code*

Phone _____ (day) _____ (eve) **Best time** _____

E-Mail _____ **Birthday (mm/dd)** _____

Emergency Contact _____ **Relationship** _____

Phone _____

1. *How did you hear about East End House?*
2. *Why do you want to volunteer at East End House?*
3. *How much time in a week/month do you want to volunteer? Which days/hours?*
4. *How long a commitment can you make? When can you start?*
5. *What are some of your work/life experiences (professional and/or volunteer)?*
6. *What did you enjoy most about these experiences?*

Have you worked with:

Toddlers Preschoolers School-age children
Senior Citizens Low-income individuals and families Other groups _____

Do you have experience with:

Office Work Answering Phones Computers Publicity
Flyers/newsletters Fundraising Outreach Teaching
Speak other languages _____

What special talents, interests, or abilities would you like to use here?

What skills would you like to learn here?

Is there a particular program or project that you are interested in?

Toddlers Preschool School Age Food Pantry
Farmer's Market Seniors Special Events
Teaching a Class Office Other _____

Please list three people who are not relatives or personal friends that we can call for references, i.e. teacher, supervisor, employer, clergy, etc.

Name _____ Telephone # _____

Relation to you _____ Length of time known _____

Name _____ Telephone # _____

Relation to you _____ Length of time known _____

Name _____ Telephone # _____

Relation to you _____ Length of time known _____

Signature _____

Guardian/Parent if under 18 years of age _____