



## Community Service of Hamilton and Wenham Volunteer Application

|                        |                      |
|------------------------|----------------------|
| Name:                  | Date:                |
| Address:               |                      |
| Phone (home):          | Phone (work):        |
| Cell Phone (optional): | Fax:                 |
| E-mail Address:        | Date of Birth: _____ |

May we call you at work?     Yes                       No

Name of Employer:

\_\_\_\_\_

Employment: Full Time  Part Time  Student: Full Time  Part Time

Occupation/Field of Study:

\_\_\_\_\_

Education (or attach resume):

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about CSHW? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list relevant education, training, work experience, volunteer work, or any special skills in community service:

\_\_\_\_\_  
\_\_\_\_\_

Reason for wanting to volunteer at CSHW: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please read the following requirements for volunteers:

- Preserve our program participants' confidentiality
- Participate in a CORI check (Criminal Offender Record Information)

Check area(s) of particular interest:

Events  Fundraising  Chaperone   
Board of Directors  Administrative

Please indicate your time availability (days and hours): \_\_\_\_\_

Please list any languages you can speak other than English: \_\_\_\_\_

Do you know anyone affiliated with CSHW? Yes: \_\_\_\_ No: \_\_\_\_

Name of person: \_\_\_\_\_

Please provide two references (one personal and one professional, if possible).

| Name | Phone # | Relationship to you |
|------|---------|---------------------|
| 1.   |         |                     |
| 2.   |         |                     |

THANK YOU FOR YOUR INTEREST AND SUPPORT!

CERTIFICATION: I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements made on this application shall be grounds for disqualification.

I authorize Community Service of Hamilton and Wenham, Inc. to investigate all statements contained on this application. I authorize the people I've listed as references to provide CSHW with any and all pertinent information concerning my professional conduct and/or abilities to serve as a volunteer, and I release all parties from all liability regarding the release of previous employment/professional conduct information to CSHW.

I hereby understand and acknowledge that unless otherwise defined by applicable law, participation in the CSHW Volunteer Program will be on an "at will" nature, which means that I may resign at any time and that CSHW may discharge me at any time for any reason.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_