



Name:	Date:
Address:	
Phone (home):	Phone (work):
Cell Phone (optional):	Fax:
E-mail Address:	Date of Birth: _____ Month/Day/Year

**Community House of Hamilton and Wenham
Volunteer Application**

If 18 years of age or older, volunteer must submit to a CORI screen.

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 CHHW? _____

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

Reason for wanting to volunteer: _____

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 CHHW? 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: _____