



102 Pliny Street  
Hartford, CT 06120

## VOLUNTEER APPLICATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

TELEPHONE: (HOME) \_\_\_\_\_ (OTHER) \_\_\_\_\_

SOCIAL SECURITY#: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

IS THIS COURT ORDERED VOLUNTEER SERVICE? \_\_\_\_\_

### BACKGROUND

Education (highest level completed): \_\_\_\_\_

Current Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Volunteer Experience (Please provide a brief description): \_\_\_\_\_

Why do you want to volunteer at My Sisters' Place \_\_\_\_\_

Languages, Hobbies, Skills: \_\_\_\_\_

Are you trained in CPR/First Aid? (Please specify) \_\_\_\_\_

**REFERENCES**

Name: _____	Relationship: _____
Telephone: _____	Years Known: _____
Name: _____	Relationship: _____
Telephone: _____	Years Known: _____

**IN CASE OF EMERGENCY**

Contact: \_\_\_\_\_

Telephone: _____	Relationship: _____
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Do you have any medical problems, allergies or disabilities that we should be aware of?

\_\_\_\_\_

**AVAILABILITY**

Please specify days and times you are available to volunteer:

\_\_\_\_\_

Please specify how often you would like to volunteer:

\_\_\_\_\_

I, \_\_\_\_\_ certify to the best of my knowledge that the information I have provided to My Sisters' Place Inc. is accurate and truthful. I understand this information is subject to verification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTES (To be used by My Sisters' Place Staff):

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation: \_\_\_\_\_

**Should you have any questions, please feel free to contact Elise Johnson, Volunteer Coordinator, at (860) 895-6629.**