My Sisters’ Place

102 Pliny Street

Hartford, CT 06120

# Volunteer Application

|  |  |  |
| --- | --- | --- |
| Name: | | Date: |
|  | |  |
| Address: | Email: | |

|  |  |  |
| --- | --- | --- |
| Town: | State: | Zip code: |

|  |  |
| --- | --- |
| Telephone: (home) | (other) |

|  |  |
| --- | --- |
| Social Security#: | D.O.B.: |

|  |  |
| --- | --- |
| is this court ordered volunteer service? |  |
|  |  |
| do you need volunteer hours for a class?  if yes, please explain requirements |  |

## BACKGROUND

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| --- |
| 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: |

|  |
| --- |
| 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.**