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):  |

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| --- |
| 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? |

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| --- |
| Languages, Hobbies, Skills:  |

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| --- |
| 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.**