



Volunteer Application

Volunteer Intern Extern Community Service/College Credit

Date: _____

Name: _____
First Middle Initial Last

Address: _____
Street City State Zip

Are you over 18? Yes No Phone Number: _____

Email Address: _____

Emergency Contact: _____

Phone Number: _____ Relationship: _____

Address: _____

How did you learn about Tapestry? _____

Position applying for: _____

I am interested in working for the following program(s):

Sexual and Reproductive Health

- Greenfield
- Holyoke
- Northampton
- Pittsfield/North Adams
- Springfield
- Outreach

WIC Family Nutrition

- Springfield

HIV Health and Prevention

- Greenfield
- Springfield

Syringe Access and Disposal

- Holyoke
- Northampton

Administration and Development

- Florence

Days/Times Available: _____

How many hours per week are you available to work?
 2-4 10-20 30-40
 5-10 20-30 occasionally

Do you have reliable transportation? Yes No Public Private

College Credit Only:

School: _____ Major: _____

How many TOTAL hours are required? _____ Expected Graduation Year: _____

Commitment Level: Entire School Year Summer Only One Semester

List any requirements for these credits: _____

Present/Previous Employers:

Company: _____ Title: _____

From: _____ to: _____ Address: _____

Company: _____ Title: _____

From: _____ to: _____ Address: _____

Company: _____ Title: _____

From: _____ to: _____ Address: _____



Education:

High School: _____ Graduated: Yes No

From: _____ to: _____ Address: _____

University: _____ Graduated: Yes No

From: _____ to: _____ Address: _____

Course of study: _____

Other School: _____ Graduated: Yes No

From: _____ to: _____ Address: _____

Course of study: _____

Describe any present or prior volunteer activities: _____

List any skills, special interests, or experience which may help us place you: _____

List any languages other than English you speak, and comprehension level for each: _____

References:

Name: _____ Relationship: _____

Business/Occupation: _____

Phone/email: _____

Name: _____ Relationship: _____

Business/Occupation: _____

Phone/email: _____

Additional Questions (Attach extra pages if needed)

Why are you interested in volunteering with Tapestry? _____

Why would you be an asset to Tapestry? _____

I authorize all of the above statements are true to the best of my knowledge. Any misstatements are sufficient cause for my dismissal. I authorize Tapestry to verify any information presented in this form and to request statements from my references. In the event of my volunteering with Tapestry, I agree to comply with all of Tapestry's rules and regulations as they may be changed from time to time.

Signature: _____ Date: _____

Please Return to:
Volunteer Coordinator
Tapestry
296 Nonotuck St.
Florence, MA 01062

Fax: (413) 586-0212
Email: volunteer@tapestryhealth.org