





**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:

Rebecca Ramah  
Director of Human Resources  
1985 Main Street  
Springfield, MA 01103

Phone: (413) 586-2016, ext. 109 Fax:  
(413) 586-0212  
Email: [rramah@tapestryhealth.org](mailto:rramah@tapestryhealth.org)