



# Volunteer Application

Volunteer

Intern

Extern

Community Service/College Credit

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last Pronouns

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

#### Mobile Health

- Chicopee/Mobile Van

#### Administration and Development

- Springfield

#### WIC Family Nutrition

- Springfield (Main Street)
- Springfield (Mason Square)
- West Springfield

#### Syringe Access and Disposal

- Chicopee
- Greenfield
- Holyoke
- Northampton
- Springfield
- Westfield

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

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