



Volunteer Application

☐ Volunteer☐ Intern☐ Extern☐ Community Service/College Credit

Name: _____ Pronouns: _____ Date: _____

Address: _____
Street City State Zip

Are you over 18? ☐ Yes ☐ No Phone Number: _____

Email Address: _____

Emergency Contact: _____

Phone Number: _____ Relationship: _____

Email Address: _____

How did you learn about Tapestry? _____

Position desired: _____

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

Sexual and Reproductive Health

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

Mobile Health

- ☐ Chicopee/Mobile Van

Administration and Development

- ☐ Springfield

Harm Reduction

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

WIC Food Access and Nutrition

- ☐ Springfield Main Street
- ☐ Springfield Cottage Street
- ☐ West Springfield

Days/Times Available:

How many hours per week are you available to work?

- ☐ 2-4 ☐ 10-20 ☐ 30-40
- ☐ 5-10 ☐ 20-30 ☐ occasionally
- ☐ No

Do you have reliable transportation? ☐ Yes

☐ No

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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
From:	To:	Address:	
University:	Graduated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
From:	To:	Address:	
Course of Study:			
Other School:	Graduated:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
From:	To:	Address:	
Course of Study:			

Additional:

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 Suite 202
Springfield, MA 01103

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

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