



Volunteer/Intern Application

Date: _____

_____ Student Intern _____ Community Service _____ Volunteer
_____ Work Study (paid by Springfield Partners) _____ Work Study (paid by school)

Personal Information (please print)

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS	CITY	STATE
ZIP CODE	()	()
HOME PHONE NUMBER	BUSINESS TELEPHONE	CELL PHONE NUMBER

E-MAIL ADDRESS _____ BEST TIME TO REACH _____

Due to the pandemic, while you volunteer are you ok with wearing a mask, practicing social distance, and adhering to all other guidance to ensure we maintain a safe environment? Yes _____ No _____

Have you ever served as a volunteer before? Yes _____ No _____ If yes, where: _____

Department(s) or area(s) of interest: _____

How did you hear about Springfield Partners? _____

Have you ever worked/volunteered for Springfield Partners? ___ No ___ Yes, (when) _____

Reason for leaving: _____ Supervisor: _____

Do you have family or friends employed by Springfield Partners? ___ Yes, Name _____

Volunteer availability: (Circle all applicable)

Number of Days per week available: 1 2 3 4 5

Days of week available: Monday Tuesday Wednesday Thursday Friday No Preference

Hours of availability: _____ Are you available evenings/weekends? _____

Education

Name & Location of School	Course of Study	# of Years Completed	Did you Graduate?	Degree or Diploma
College				
High School				
Other				

Do you have a driver's license? Yes _____ No _____ If yes, what State: _____

Do you have access to a vehicle? Yes _____ No _____

Are you a student? Yes _____ No _____ If yes, what school do you attend? _____

Are you employed? Yes _____ No _____ If yes, where do you work? _____

Do you speak a foreign language? Yes _____ No _____ If yes, which language? _____

Do you have any special skills or hobbies? Yes _____ No _____ If yes, what are they? _____

Degrees/Certificates/Special Trainings: _____

Emergency Contact (in case of emergency, who should we contact?)

Name	Address	Relationship	Phone #
_____	_____	_____	_____
_____	_____	_____	_____

**Employment/Volunteer History (include paid and unpaid)
List employment starting with your most recent employer/volunteer work.**

May we contact your current employer? _____ Yes _____ No

Dates of Employment	Employer Name, Address, Phone & E-mail	Position Held	Major Duties	Reason for Leaving
From _____ To _____				

From _____				
To				
From _____				
To				

References (personal and professional)
Please list two (2) professional (one must be a supervisor) and one (1) personal reference.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u> (personal/professional)

PLEASE READ THIS STATEMENT CAREFULLY

I hereby affirm that the information given by me on this application for volunteer/community service/internship is complete and accurate. I understand that any falsification or omission will be immediate grounds for dismissal. I authorize a thorough investigation to be made in connection with this application concerning my character, general reputation, employment and education background, and criminal record, whichever may be applicable. I understand that acceptance of an offer to work with Springfield Partners in a capacity of volunteer/community service/internship does not create a contractual obligation upon Springfield Partners to continue to provide the opportunity to volunteer/provide community service/intern in the future, nor does it guarantee employment. As a volunteer of the organization I agree to abide by the policies and procedures of Springfield Partners. I agree to serve the clients of Springfield Partners regardless of race, color, religion, sex, sexual orientation, ancestry, age, disability, handicap, genetic information, service in the military, gender identity, or membership in any other group protected by applicable law.

I am aware that at my request, I must be provided with the name of any agency(ies) reporting information about me.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

All applicants will be given equal consideration regardless of race, color, religion, sex, sexual orientation, ancestry, age, disability, handicap, genetic information, service in the military, gender identity, or membership in any other group protected by applicable law.

Signature

Date