

# VOLUNTEER APPLICATION

30 Locust Street  
P.O. Box 5001  
Northampton, MA 01061  
Volunteer Services (413)-582-2251  
robin\_kline@cooley-dickinson.org

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

It is the intent of the CDHCC to conform to Federal and State Laws pertaining to non-discrimination.

Mr. Miss. Last Name:	First	Middle	Home Phone:
Mrs. Ms			Business/Cell Phone:
Address: No. Street	City	State	Zip
			Email:

**In case of emergency notify:**

<b>Name:</b>	<b>Address:</b>
<b>Relationship:</b>	<b>Phone:</b>

What do you hope to gain from your volunteer experience?

What is your current occupation?

Please describe any prior or present volunteer or community activities:

Please list any skills, hobbies or interests which will help us place you appropriately:

Have you ever volunteered at CDH before? If yes, when?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please note best days and times: Mon Tues Wed Thurs Fri Sat Sun 8-12 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12-4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4-8pm <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Were you ever employed by CDHCC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a member of the CDH Auxiliary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a member of RSVP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**STUDENTS ONLY**

School:	Major:
Is this an Internship for credit? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many TOTAL hours are required?
Commitment Level: Entire School Year <input type="checkbox"/> Summer only <input type="checkbox"/> Semester <input type="checkbox"/> Circle one: Fall Winter Spring	
Home Address (if different from above)	
Are you under 16 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**References (Do not include relatives)**

Name:	Complete Address:	Business/Occupation:

**Previous Employment: List most recent first.**

Name & Address:	Position & Duties:	Dates:
1.		From      To
2.		From      To
3.		From      To

Name of School	Course of Study	Graduated?
High School:		
College/University:		
Other Schools:		

Have you ever been convicted of a felony at any time?

Yes     
  No     
  If yes, complete the following:   
 When \_\_\_\_\_    Offense: \_\_\_\_\_  
 Where \_\_\_\_\_    Disposition \_\_\_\_\_

**Please Read Carefully**

Any applicant for volunteering with a sealed record on file with the commissioner of probation may answer “no record” with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for volunteering may answer “no record” to an inquiry herein relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

**All of the above statements are true to the best of my knowledge. Any misstatements are sufficient cause for my dismissal.**

**I authorize The Cooley Dickinson Health Care Corporation to verify any information presented in this form and to request statements from references.**

In the event of my volunteering for the Cooley Dickinson Health Care Corporation, I agree to comply with all of The Cooley Dickinson Health Care Corporation’s rules and regulations as they may be changed from time to time.

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