

Volunteer Application

Please complete each section below. Please print clearly.

NAME: _____ DATE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____

EMERGENCY CONTACT PERSON NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____

HOURS AVAILABLE FOR VOLUNTEER ASSIGNMENTS:

WEEKDAY: Mornings Afternoons Evenings Start Date _____

WEEKEND: Mornings Afternoons Evenings Start Date _____

OTHER: _____

Commitment Duration: _____

VOLUNTEER INTERESTS:

- | | |
|--|---|
| <input type="checkbox"/> Seasonal property cleanup (raking, planting, etc) | <input type="checkbox"/> Occasional Friday Night Dances (3 – 4 /year) |
| <input type="checkbox"/> Reading to individuals who are unable to read | <input type="checkbox"/> Light Maintenance – Painting |
| <input type="checkbox"/> One-time special events | <input type="checkbox"/> Sewing/mending services for group homes |

Please write a brief statement as to why you would like to volunteer at LifeLinks.

Please summarize your previous volunteer experience.

Summarize your special skills, hobbies, interests and qualifications that you feel would aid you in working with this community.

Do you have a current CPR certification? YES NO

Is there any particular type of service you would be uncomfortable providing as a volunteer?

Please list three references we may contact:

NAME 1:	_____	RELATIONSHIP:	_____
ADDRESS:	_____	PHONE::	_____
NAME 2:	_____	RELATIONSHIP:	_____
ADDRESS:	_____	PHONE::	_____
NAME 3:	_____	RELATIONSHIP:	_____
ADDRESS:	_____	PHONE::	_____

By submitting this application, I affirm that the facts set forth in it are true and complete, and have been given voluntarily. I grant the agency permission to obtain information from references, which I have provided. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application will result in discontinuation of my volunteer involvement.

I understand that I would be volunteering my time for personal reasons. I understand that I will not be paid for my services as a volunteer and I expect no compensation.

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

It is the policy of this agency to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this form and for your interest in volunteering at LifeLinks. Please send to the following address:

LifeLinks Inc. 285 Mill Road, Chelmsford MA 01824
Attention: Diane Baker or email to:
dbaker@lifelinksinc.net

If we are interested, the Volunteer Coordinator will contact you to set up an interview time. We look forward to meeting you soon. If you have any questions, please contact Diane Baker at (978) 349-3010.

PHOTO/VIDEO/PUBLIC INTERVIEW CONSENT

I hereby grant permission for LifeLinks, Inc. to include (yes or no)

Take Photographs _____ Video Tape _____ Public Interview _____

For the purpose of possibly using this information in LifeLinks, Inc. service catalog, annual report brochures and posters.

I understand there may be specific activities that may involve being photographed, video taped or publicly interviewed which are not specifically for the promotional aspects listed above. For these activities, my consent will be requested separately.

I give my consent voluntarily I have been offered a copy of this form

I understand that I may withdraw my consent at any time

SIGNATURE: _____ **DATE:** _____