

Volunteer Application

\square Volunteer \square Intern			Extern	☐ Communit	☐ Community Service/College Credit		
				Date:			
Name:							
First	First Middle		Last		Pronouns		
Address:	Street						
	Street		City	Stat	te Zip		
Are you over 18?	☐ Yes	□No	Phone Number:				
Email Address:							
Emergency Contact: _							
Phone Number:			Relationshi	p:			
Address:							
How did you learn ab	out Tapestry?						
Position applying for:							
I am interested in	working for the	following	nnogram(s).				
I am interested in v Sexual and Reprodu	working for the luctive Health	ionowing	WIC Famil	y Nutrition			
Greenfield			□Springf				
∐Holyoke			. 0				
Northampton			_	h and Prevention	n		
☐Pittsfield/North	Adams		∐Greenfi				
□Springfield			∐Springf	ieia			
∐Outreach			Syringe Ac	cess and Dispos	sal		
Administration and	l Development						
Springfield	<u>.</u>			ampton			
			☐ Spring				
			Chicop				
Dana /T: a A:labla			Green	neia			
Days/Times Available How many hours per	y ook are ven avail	able to work	·2	-4 🔲 10-	-20		
now many nours per	week are you availa	able to work	·'	-10 20	<u>=</u>		
			_	_			
Do you have reliable t		☐ Yes	☐ No	☐ Public	☐ Private		
College Credit Onl y School:	•		Major:				
			U		Year:		
Commitment Level:	-	ool Year			ne Semester		
Communient Level. List any requirements				J			
Present/Previous 1							
			Titlo				
Company From:	to:	Addross:	Title				
110111.	ιο	Audi 633					
Company:			Title:				
From:	to:	Address:					
Company			Titla.				
Collipally Erom:	to:	Address	rue:				
rrom:	ιο:	Aaaress:					



Education:			Craduated	☐ Yes	□No
From:	School: to: Address:		Graduated.		⊔ N0
University:		Address:	Graduated:	☐ Yes	□No
Course of study:					
Other School:			Graduated:	☐ Yes	□No
From:	to:	Address:			
Describe any pre	esent or prior vo	lunteer activities:			
_	•	or experience which may h			
List any languag	es other than Ei	nglish you speak, and com	prehension level for each:		
References:			D. I I.		
			_		
Pnone/email:					
Name:			Relationship:		
Business/Occup	ation:				
Phone/email:					
		ch extra pages if needed teering with Tapestry?			
Why would you	be an asset to Ta	apestry?			
authorize Tapestry t	o verify any inform	are true to the best of my knowle ation presented in this form and omply with all of Tapestry's rule	to request statements from my	references. In t	he event of my
Signature:				Date:	
Please Return to:					
rease return to.		P	hone: (413) 586-2016, ext. 10	9 Fax:	
			140) 500 0040		

(413) 586-0212

Email: rramah@tapestryhealth.org

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