



Education:

High School: _____ Graduated: Yes No

From: _____ to: _____ Address: _____

University: _____ Graduated: Yes No

From: _____ to: _____ Address: _____

Course of study: _____

Other School: _____ Graduated: Yes No

From: _____ to: _____ Address: _____

Course of study: _____

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
Springfield, MA 01103

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