

Volunteer Application

☐ Volunteer	Volunteer		Extern	☐ Community Service/College Credit			
				Dat	Date:		
Name:							
First	e: First Middle		Last	Last Pronouns			
Address:							
	Street		City	State	e Zip		
Are you over 18?	☐ Yes	\square No	Phone Number:				
Email Address:							
Emergency Contact:							
Phone Number:			Relationship) :			
Position applying for							
I am interested in	working for the	following	program(s):				
Sexual and Repro			WIC Family				
☐Greenfield			□Springfi	eld			
□Holyoke			******* 1.1	1 n			
∐Northampton	. A J		HIV Health □Greenfie	and Prevention	1		
□Pittsfield/Nortl □Springfield	n Adams		Springfi				
Outreach			Портпівн	ciu			
				ess and Dispos	al		
Administration an	nd Development		∐ Holyok				
☐ Springfield			Northa	-			
			☐ Springf				
			Chicope Greenfi				
Days/Times Availab	ام.		Greenn	eiu			
How many hours pe		able to wor	·k?	4 🔲 10-	20 30-40		
nours pe	r week are you avan	able to wor		10 20-			
Do you have reliable	transportation?	☐ Yes	\square No	☐ Public	☐ Private		
College Credit On	-						
School:			Major:				
How many TOTAL h	nours are required?		Expect	ed Graduation Y	Year:		
Commitment Level:	Entire Sch	nool Year	Summer	Only One	e Semester		
List any requiremen	ts for these credits:						
Present/Previous	Employers:						
Company:			Title:				
From:	_ to:	Address: _					
Company:			Title:				
From:	_ to:	Address: _					
From:	to:	Address	1100.				
	_ •••						



Education:			Graduated:	☐ Yes	□No
From:	to:	Address:	Graduated.		Пио
University:			Graduated:	☐ Yes	□No
From:	to:	Address:			
Course of study:					
			Graduated:		□No
Course of study:					
Describe any pres	sent or prior vo	lunteer activities:			
List any skills, sp	ecial interests,	or experience which	may help us place you:		
List any language	es other than Er	nglish you speak, and	l comprehension level for each:		
References:					
			Relationship:		
Phone/email:					
Name:			Relationship:		
Phone/email:					
Additional Que	estions (Attac	h extra pages if no	eeded)		
			y?		
Why would you b	e an asset to Ta	npestry?			
,					
authorize Tapestry to	verify any informa	ation presented in this for	knowledge. Any misstatements are suf rm and to request statements from my y's rules and regulations as they may b	references. In	the event of my
Signature:				Date:	
Please Return to:					
n			Phone: (413) 586-2016, ext. 10	09 Fax:	
Rebecca Ramah			(413) 586-0212	•	

Rebecca Ramah Director of Human Resources 1985 Main Street Springfield, MA 01103

Email: rramah@tapestryhealth.org