



**Pine Street Inn**  
Ending Homelessness

For Office Use Only:

CORI Status: \_\_\_\_\_

RE: \_\_\_\_\_

Orientation: \_\_\_\_\_

Placement: \_\_\_\_\_

## Volunteer Application Form

Please print & be sure to fill out both sides of this form

Date \_\_\_\_\_

### Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_



Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender: M / F (circle one)



Telephone numbers:

Home phone \_\_\_\_\_



e-mail \_\_\_\_\_

Work phone \_\_\_\_\_

In case of emergency please notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Past volunteer experience: \_\_\_\_\_

\_\_\_\_\_

How did you become interested in volunteering at Pine Street Inn?

\_\_\_\_\_

\_\_\_\_\_

Do you need to complete school or court-ordered community service hours? \_\_\_\_ Yes \_\_\_\_ No

I need \_\_\_\_\_ hours by \_\_\_\_\_ (please fill in the date the hours are due by).

**Education/Special Skills**

Highest level of education completed: \_\_\_\_\_

(Please specify major if applicable) \_\_\_\_\_

Currently:

Student.....If Yes, what school? \_\_\_\_\_ Major \_\_\_\_\_

Employed....If Yes current employer: \_\_\_\_\_ Occupation \_\_\_\_\_

Retired.....Former occupation \_\_\_\_\_

**Please check all of the following volunteer opportunities that interest you:**

\_\_\_\_ Art/Arts & Crafts \_\_\_\_ Cooking/Food Preparation \_\_\_\_ Administrative Support

\_\_\_\_ Gardening \_\_\_\_ Fundraising/Special Events \_\_\_\_ Meal Service

\_\_\_\_ Personal Fitness \_\_\_\_ Clinic Reception \_\_\_\_ Pro Bono Work (please specify below)

Please specify other special skills/interests \_\_\_\_\_

When are you available? Please include specific time frame.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning	_____	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____	_____

*Please complete this form and mail it with a completed C.O.R.I form to:*

**Volunteer Programs  
Pine Street Inn  
444 Harrison Avenue  
Boston, MA 02118  
www.pinestreetinn.org**

*Or scan and email your application to [coffie.fields@pinestreetinn.org](mailto:coffie.fields@pinestreetinn.org)*



**AGENCY CODE: PINES**  
**FEE CODE: EOHHS**

**C.O.R.I. AUTHORIZATION**

Pine Street Inn has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an [applicant, employee, volunteer, participant] in the **Volunteer Program**, for the position of **Volunteer**, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

**PLEASE INCLUDE A PHOTOCOPY OF YOUR ID. WE ARE UNABLE TO PROCESS YOUR APPLICATION WITHOUT THIS INFORMATION.**

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Employee/Volunteer/Participant Signature

\_\_\_\_\_  
Date

**Volunteer Information (PLEASE PRINT CLEARLY):**

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
SOCIAL SECURITY (Requested, not required)

\_\_\_\_\_  
ID Theft Index PIN (if applicable)

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

**CURRENT AND FORMER ADDRESSES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEX: \_\_\_\_ HEIGHT: \_\_\_\_ ft. \_\_\_\_ in. WEIGHT: \_\_\_\_ EYE COLOR: \_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_  
(include state of issue)

**\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION (please attach copy):**

**TO BE SIGNED BY HUMAN RESOURCES REPRESENTATIVE:**

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

**\* For Department Use Only:** The CHSP Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI Request process.  
**All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.**