

Volunteer Application Form

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

Date _____

Personal Information

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____

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?

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 gardening haircutting
 personal fitness clinic reception meal service special events
 administrative support other (please fill out next question)

Please specify other special skills/interests _____

Expected Participation:

weekly bi-weekly monthly as needed

Do you need to complete required community service? Yes No

I need _____ hours by _____ (please fill in the date the hours are due by)

When are you available?:

	Weekdays	Weekends
AM	_____	_____
PM	_____	_____

Submission of the following information is voluntary. This data is for statistical analysis only.

Check one: male female

Check one of the following:

White African American/Black Hispanic/Latino Native
American/Alaskan Native Asian/Pacific Islander Other

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

**Volunteer Programs
Pine Street Inn
444 Harrison Avenue
Boston, MA 02118
Fax: 617-521-7178
www.pinestreetinn.org**

