



CITY MISSION SOCIETY OF BOSTON

VOLUNTEER APPLICATION

CONTACT INFORMATION

Name First _____ MI __ Last _____

Address Street _____

City _____ State _____ Zip _____

Phone (Circle: Home, Work or Cell) _____

E-mail Address _____

VOLUNTEER INFORMATION

To facilitate your application, please provide as much of the following information as possible:

Which CMS Program(s) are you most interested in volunteering with?

- Administrative/ Office Boston Urban Outreach
 Homelessness Prevention Youth Peace Promotion **

**Note: Under Massachusetts Law, volunteers working with youth or children must submit to a CORI check.

Please list the days and hours you are available

	SUN	MON	TUES	WED	THUR	FRI	SAT
Morning							
Afternoon							
Evening							

How many hours would you like to volunteer?

___ per week *Or* ___ per month Same time every week Occasional/on demand

Have you done volunteer work in the past?

Name of agency _____

Location _____ Dates _____

Type of volunteer work _____

How did you learn about City Mission Society?

- Church Social Service Agency School Other (Where?) ___

Is there anything else you would like us to know about you?