



# CITY MISSION SOCIETY OF BOSTON

## VOLUNTEER APPLICATION

*Thank you for your interest in volunteering at City Mission Society  
Please fill out this form and send it back to CMS so we can arrange a personal interview.*

### CONTACT INFORMATION

**Name** First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

**Address** Street \_\_\_\_\_

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

**Phone** (Circle: Home, Work or Cell) \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

### EMERGENCY CONTACT

**Name** First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

**Phone** (Circle: Home, Work or Cell) \_\_\_\_\_

**Relationship** \_\_\_\_\_

**If under 18:** Please provide the Following Information for Parent/Guardian:

**Name** First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

**Address** Street \_\_\_\_\_

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

**Phone** (Circle: Home, Work or Cell) \_\_\_\_\_

**Signature of Parent or Guardian (Required)** \_\_\_\_\_

**VOLUNTEER INFORMATION**

**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
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

**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 \_\_\_\_\_

Duties \_\_\_\_\_

**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?**

**REFERENCES**

Please give us the names to **two people who are not relatives** who would be willing to discuss your interest in volunteer at City Mission Society

*Sample references: Employer, former employer, pastor, teacher, volunteer supervisor*

**Name** First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

**Address** Street \_\_\_\_\_

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

**Phone** (Circle: Home, Work or Cell) \_\_\_\_\_

**Relationship** \_\_\_\_\_

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**Name** First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

**Address** Street \_\_\_\_\_

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

**Phone** (Circle: Home, Work or Cell) \_\_\_\_\_

**Relationship** \_\_\_\_\_

*By signing below, I verify that all the information I have provided is true and accurate. I understand that I may not begin my volunteer assignment until appropriate verifications have been completed, including, but not limited to personal references, CORI, etc.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*