CITY MISSION SOCIETY OF BOSTON

VOLUNTEER APPLICATION

Contact Information

Name: _____ ____ _____
First MI Last

Address: _____ _____ ____ _____
Street City State Zip Code

Phone (Circle One: Home, Work or Cell): _____

E-mail Address: _____

Volunteer Information

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

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

☐ Administrative/ Office ☐ Social Action Ministries ☐ Criminal Justice
☐ Crisis Intervention ☐ Youth Programs **

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

Please indicate the days and hours you are available:

	Sun	Mon	Tues	Wed	Thurs	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 (specify) _____

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

Thank you for your interest in City Mission Society!

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www.cmsboston.org