

Office Use Only:

Appl Rec: _____ CORI Sent: _____ Rec: _____
Interviewed _____ Orient: _____ Trained: _____
Ref Sent: _____ Rec: _____
Matched: _____ Vol ID _____

Volunteer Application

Tri-Valley Inc. 10 Mill St. Dudley, MA 01571

508-949-6640 or 1-800-286-6640

Name: _____

Address: _____

Mailing Address (if different) _____

Phone: _____

(Home)

(Cell)

(Office)

Email: _____ Date of Birth: _____

Emergency Contact: _____ Phone: _____

1. I am interested in learning more about:

Meals on Wheels _____ Nutrition Site _____

Office Support _____ Money Management _____ OTHER _____

2. Educational Background: _____

3. Employment or Volunteer Experience: _____

4. Special skills (hobbies, training, clubs, organizations.): _____

5. Other languages spoken: _____

6. How did you learn about the Volunteers Opportunities at Tri-Valley? _____

7. Motor Vehicle information:

Drivers License # _____ Renewal Date _(Month) _____ (Year:) _____

Auto Insurance Co: _____ Renewal Date_(Month) _____ (Year) _____

8. Please list the names and addresses of 3 references (not related):

Name Complete Mailing Address

Name Complete Mailing Address

Name Complete Mailing Address

Volunteer Confidentiality Statement

I hereby agree to regard all information received in the performance of my volunteer work for Tri-Valley Inc. as confidential. I understand that Tri-Valley respects its client, staff, and volunteer rights with regard to privacy of information and I agree to respect these rights in the performance of all my volunteer duties.

Volunteer Signature

Date

Office Use Only:

Do you have any work restrictions? _____

Days/hours available? _____

Towns you will travel to? _____

COMMENTS/OBSERVATIONS: _____

APPROVED _____

NOT APPROVED _____

=====

VOLUNTEER ASSIGNMENT

COMPANION _____ FRIENDLY VISITOR _____ NUTRITION _____

OMBUDSMAN _____ MONEY MANAGEMENT _____ TEAMS _____

OFFICE _____

PROGRAM MANAGER _____ DATE: _____

DATE ASSIGNED: _____