

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: _____

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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

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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 _____

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VOLUNTEER ASSIGNMENT

MEALS ON WHEELS _____ NUTRITION SITE _____ COMMUNITY SUPPORT _____

OFFICE SUPPORT _____ MONEY MANAGEMENT _____ OTHER _____

PROGRAM MANAGER _____ DATE: _____

DATE ASSIGNED: _____

Rev: 06/2019