



Action for Boston Community Development, Inc.

178 Tremont St., Boston, MA 02111

VOLUNTEER APPLICATION

Please Note: Volunteers are subject to a background check.

NAME: _____ Phone #: _____ Email: _____

ADDRESS: _____ City: _____ State: _____ Zip: _____

HOW DID YOU HEAR ABOUT THIS OPPORTUNITY? _____

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Please Note: Additional Information (such as a resume) may be attached to this form.

VOLUNTEER OR WORK RECORD:

Name of Company	Dates of Service	Type of Work

EDUCATION:

Last school attended: _____

Academic level achieved: ____ High School/GED ____ Undergraduate ____ Graduate

Major(s): _____ Degree Rec'd: _____

Other: _____

SKILLS:

Languages: _____ Fluent /Spoken Read Write **(Please circle all that apply)**

Computer skills: _____

Other: _____

DEMOGRAPHICS:

Sex: Male Female

Race or Ethnic Background:

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
<input type="checkbox"/> White (Not Hispanic or Latino)	<input type="checkbox"/> Asian (Not Hispanic or Latino)
<input type="checkbox"/> Black or African American (Not Hispanic or Latino)	<input type="checkbox"/> American Indian or Alaskan Native (Not Hispanic or Latino)
<input type="checkbox"/> Two or More Races (Not Hispanic or Latino)	

Age Group: ____ 19 yrs. and under ____ 20 – 39 yrs. ____ 40-59 yrs. ____ 60 yrs. and over

AVAILABILITY:

Length of Commitment: _____ Total hours per week: _____

Please indicate below the days and hours you are available to volunteer.

	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

OVER

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1. Are you related to an ABCD employee or to an APAC/Delegate Agency employee, or to an ABCD Board Member, or APAC/Delegate Agency Board Member? Yes No If yes, give name and relationship below:

Name: _____ Relationship: _____

SPECIFIC AREAS OF INTEREST: (please check one)

Child care/Pre-School	Counseling	Elderly service	Disabled	Fundraising
High School	Editing/Writing	Housing	Health	Youth Services
General Office Help	OR Other			
Tutoring: ABE	ESL GED	Math Reading	Writing OR	Other

SPECIFIC NEIGHBORHOOD PREFERRED: (or Downtown Boston)

WHAT DO YOU WISH TO GAIN FROM THIS VOLUNTEER EXPERIENCE? _____

EMERGENCY CONTACT: _____ Phone #: _____

CRIMINAL RECORD

Have you ever been convicted of a felony? Yes No
 Have you been convicted of a misdemeanor within the last five years? Yes No
 If "yes", to either question, give dates and details in the space provided below.

If you have been convicted of any crimes within the last five years, give the dates and details in the space provided below of any misdemeanor for which you were convicted within the last five years. Use an additional sheet if necessary.

Nature of Offense	Date	Court	Disposition

In answering the preceding questions, you may omit a first conviction for simple assault, minor traffic violations, speeding, drunkenness, affray or disturbing the peace. You may also omit convictions for which there is a sealed record on file with the Commissioner of Probation, and in any case of delinquency or as a child in need of services which did not result in a complaint transferred to the Superior Court for criminal prosecution.

Applicant Name (Please print): _____	Date: _____
Applicant Signature: _____	Date: _____

Human Resources use only:

Processed by: _____ Date: _____

Department/Program: _____ Supervisor: _____

Location: _____ Dates of Volunteer: _____