



Staff Use Only:

Interviewed
by: _____
Date: _____
Orientation Date: _____
Start Date: _____

SOUTH COVE MANOR AT QUINCY POINT STUDENT VOLUNTEER APPLICATION

It is our policy to comply with all applicable state and federal laws prohibiting discrimination based on race, age, color sex, religion, national origin, disability, sexual orientation or other protected classification.

Name: _____ Are you age 14 or above? _____ Yes _____ No

Address: _____
Street City/State Zip Code

Email Address: _____

Home Phone: _____ Name of School: _____ Grade: _____

In an emergency, contact:

1) _____
Name Address Relationship Phone

2) _____
Name Address Relationship Phone

Have you ever been convicted of a crime? _____ (conviction will not necessarily disqualify applicant for volunteering)

Availability and Assignment Request

Please list times you are available to volunteer:

Mon. Tues. Wed. Thurs . Fri. Sat. Sun.
Times available: _____

Schedule Preference (Include day of week and time period):

First Choice: _____ From: _____ to _____

Second Choice: _____ From: _____ to _____

Assignment Request: _____

Why do you want to volunteer? _____

How did you learn about volunteer opportunities at South Cove Manor? _____

Are you volunteering in affiliation with an organization/church/school or special program? _____

Interests/Hobbies/Special Skills:

Interests and Hobbies: _____

Special Skills: _____

Foreign Languages: _____

Experience

Where have you gone to school?

Name of School

Highest Grade Completed

Diploma/Degree

Have you done any other volunteer work?

Agency Name

City/State

Type of Service

Dates

Do you belong to any clubs or community groups? _____

List any jobs that you have held:

Employer

Position

Dates of Employment

School or Other Adult Reference:

Name of teacher or other adult reference

relationship

phone

email address

Parent/Guardian Authorization

I hereby give South Cove Manor the permission to request and obtain data pertinent to volunteering at SCM from the above individual. I release from all liability or responsibility all persons and institutions supplying information. I authorize SCM to make an investigation of any of the facts set forth in this application.

My child is in good health and is enrolled in a Massachusetts Public or private school and has fulfilled the school's health and immunization requirements.

My child's physician has imposed the following restrictions on his/her activities:

I grant permission for _____ to participate in the Student Volunteer Program at South Cove Manor. I certify that the facts provided in this application are true and complete to the best of my knowledge.

I understand that volunteer service at SCM is "at will", which means that either he/she or SCM can terminate the volunteer service relationship at any time, with or without prior notice, and for any reason not prohibited by statute.

Signature of Parent or Guardian

Date