



240 Main Street, Indian Orchard, MA 01151
413-543-3930 survivalcenterIO@gmail.com
www.communitysurvivalcenter.org

Community Survival Center Volunteer Application

Application Date _____
Volunteer Position Sought _____
Name _____
Home Address _____
City _____ State _____ Zip Code _____
Work Phone _____ Home Phone _____
Cell Phone _____ Email _____

EDUCATION

Highest Level of Education _____

EMPLOYMENT

Current/Most Recent Employer:
Position/Title _____
Dates of Employment (starting, ending) _____
Company/Employer _____
Address _____
Telephone Number _____

SKILLS & EXPERIENCE

Special training, skills, hobbies _____
Groups, clubs, organizational memberships _____
Please describe your prior volunteer experience (include organization names and dates of service)

What experiences have you had that may prepare you to work as a volunteer in the field of donations and retail?

Why do you want to volunteer? [Or, what do you want to gain from this volunteer experience?]

How did you hear about volunteer opportunities at the Center?

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

PROFESSIONAL REFERENCES

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer. Do not include relatives.

Name/Organization	Relationship to you	Length of relationship	Phone number

All staff and volunteers must show proof of vaccination.

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with the Center that is true, correct, and complete to the best of my knowledge. I certify that I have answered and will answer all questions to the best of my ability, and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by the Center. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with the Center or my termination as a volunteer.

Signature _____ Date _____