

VOLUNTEER APPLICATION

**Boston Ability Center
49 Walnut Park, Building 3
Wellesley, MA 02481**

Personal Information:

Date:

Name	_____		
Address	_____		
	(City/State)		(Zip)
Home #()	_____		
Work #()	_____		
If you have an email address and we can communicate with you via email, please list below:			
Email:	_____		

Education:

Please include schools, majors, degrees and years.			
SCHOOL	MAJOR	DEGREE	YEARS

Languages:

Bilingual Fluency: Please list languages spoken fluently:

Work Experience:

Present Employment: Please include place of employment, position and dates.

Past Employment:

Present and Previous Volunteer Experience. Please describe.

Please ensure 2 reference sheets are submitted along with your application. The application will not be processed until all material has been received.

Background:

Please provide a short description explaining why you want to volunteer at The Boston Ability Center and what special qualities and experiences you would bring to the volunteer program:

Commitment:

To ensure that you derive maximum benefit from your volunteer service, we require that all volunteers give a minimum commitment of 12 weeks.

Your schedule will be discussed in detail during the interview process.

Specify which day(s)/times of the week you are available to volunteer

DAY	TIMES

When are you available to begin volunteering?

What is your end date:

I AM INTERESTED IN VOLUNTEERING IN THE:

Speech Therapy Dept Occupational Therapy Dept Physical Therapy Dept No Preference

Volunteer Agreement:

Please read carefully before signing. If you have any questions regarding the following statement, please ask the Personnel Representative.

Receipt of this application and the granting of an interview does not imply that the applicant will be brought on to volunteer.

I hereby affirm that the information provided by me on this application (and accompanying resume, if any) is true and complete and I understand that any false information or material omission of fact may disqualify me or further consideration for volunteering and may be considered justification for dismissal if discovered at a later date. I understand that volunteering is conditional upon satisfactory replies from my references. I understand that volunteering is at will and may be terminated by me or the Boston Ability Center at any time.

I authorize persons, schools, current employer (if applicable) and previous employers and organizations named on this application (and accompanying resume, if any) to provide the Boston Ability Center with any relevant information which may be required to arrive at the decision for volunteering and I voluntarily release such persons, schools, employers, and organizations from all liability for providing such information. I release and indemnify the Boston Ability Center against any liability which may result from requesting such information.

Signature

Date: