

Attention: Katie Healey

West End House Boys and Girls Club Volunteer Application

Please Note: If you are downloading the Volunteer Application form from our web site, please fill out the form completely and return it to our Community Partnership Coordinator Katie Healey by:

- Dropping it off in person
- Emailing it to **khealey@westendhouse.org**
- Faxing it to the West End House (617.787.4386)
- Mailing it to the Club at 105 Allston St., Allston, MA 02134 Attn: Katie Healey

All Applicants Must Attend a Volunteer Orientation at the Club (Tues. & Thurs. at 6 p.m.) and consent to background checks.

Basic Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZipCode _____

Preferred form of communication (circle one): Home Phone Work Phone Cell Phone Email

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Previous addresses within the past 10 years _____

Are you a student? No__ Yes_____ Date of Birth: __ / __ / __

What school do you attend? _____ What grade/year are you in? _____

Volunteer Interests & Experience

Have you done volunteer work before? No__ Yes__

If yes, where did you volunteer and what did you do? _____

What types of work are you interested in doing here? (Check all that apply)

Teen Programs Tutoring/Education Leadership Development

Sports Arts Education Sports/Recreation/ Fitness

Other: (explain) _____

Please list any hobbies or interests: _____

Why do you want to volunteer at the West End House Boys and Girls Club? _____

Availability (include days of the week and start and end times): _____

How did you hear about the West End House Boys & Girls Club? _____

West End House Boys & Girls Club of Allston-Brighton
105 Allston Street | Allston, MA 02134 | Phone: (617) 787-4044 | Fax: (617) 787-4386
www.westendhouse.org

Personal History

Have you ever been convicted of a crime? No__Yes__

If Yes, please explain _____

Have you ever been asked to leave a volunteer position? No__Yes__

If Yes, please explain _____

Employment and Volunteer References

Employer

Company Name: _____ Title: _____

Company Address: _____

Date Started:___ Date Left: ___

Supervisor's Name:_____ Phone #: _____

May we contact the employer? Yes__No __

Volunteer Experience

Agency Name: _____ Phone#: _____

Address: _____

Supervisor's Name:_____ Phone#: _____

May we contact? Yes__No__ How long at agency? _____

Duties: _____

I certify that all the answers given by me to all of the questions on this application and any attachments are to the best of my knowledge true and that I have not withheld any pertinent information. I understand that any omission, misrepresentation or false information submitted in connection with this application may result in refusal or of summary dismissal of volunteer employment.

I hereby agree that in the course of considering my application, you may make inquiry to ascertain information concerning my background and I understand that, upon written request, information as to the nature and scope of the inquiry, if one is made, will be provided to me.

Signature: _____ Date: _____