

# VOLUNTEER INTAKE FORM

Please complete **all** sections and return this form to the volunteer office. Thank you.

**Sample – Use or adapt for your organization's needs**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Current and former occupation(s): \_\_\_\_\_ Veteran?  Yes  No

Highest level of education: \_\_\_\_\_ Schools: \_\_\_\_\_

What are your skills and interests? \_\_\_\_\_

Which language(s) do you speak? English Only:  Other: \_\_\_\_\_

Current volunteer work: \_\_\_\_\_

Kind of volunteer assignment desired: \_\_\_\_\_

Would you like to be notified about one-time, short-term volunteer opportunities?  Yes  No

How did you hear about us? \_\_\_\_\_

---

**Transportation & Liability Coverage:** All members are covered under our volunteer insurance policy while volunteering through our program. Please complete the following:

Driver's License Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**Our program has very limited funds available for transportation reimbursement.**

Will you be requesting reimbursement for mileage or bus/van tickets?  Yes  No

---

Name of Emergency contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Relationship to you: \_\_\_\_\_

---

I understand that if I use my personal automobile during my volunteer service, I will keep in effect the minimum liability insurance required by Massachusetts state law. I also understand that I volunteer my service through the [Program], and attest that I am not an employee of [Program].

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director: \_\_\_\_\_ Date: \_\_\_\_\_

---

For office use only:

PLACEMENT 1: \_\_\_\_\_

POSITION SUPERVISOR: \_\_\_\_\_

ASSIGNMENT: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ CORI COMPLETED: \_\_\_\_\_

DATE AND INITIALS: \_\_\_\_\_

PLACEMENT 2: \_\_\_\_\_

POSITION SUPERVISOR: \_\_\_\_\_

ASSIGNMENT: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ CORI COMPLETED: \_\_\_\_\_

DATE AND INITIALS: \_\_\_\_\_

PLACEMENT 3: \_\_\_\_\_

POSITION SUPERVISOR: \_\_\_\_\_

ASSIGNMENT: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ CORI COMPLETED: \_\_\_\_\_

DATE AND INITIALS: \_\_\_\_\_

NOTES

---

---

---

---

---