



## *Volunteer Application*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

Date of Birth \_\_\_\_\_  Female  Male

E-mail \_\_\_\_\_

Whom to notify in case of emergency:

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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

Yes No

Student : School \_\_\_\_\_ Major \_\_\_\_\_

Employed: Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Retired Former Occupation \_\_\_\_\_

Prior Volunteer Experience (include dates) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe any experience, special skills or area of interest that will help us determine where you might be best suited as a volunteer for Boston Health Care for the Homeless Program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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What do you hope to gain from volunteering with Boston Health Care for the Homeless?

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Do you speak any languages other than English? \_\_\_\_\_

Expected Participation:  Weekly  Monthly  As Needed  1-Time Event  Summer

How many hours per week are you available? \_\_\_\_\_:

Expected length of participation \_\_\_\_\_

Date you are available to start \_\_\_\_\_ Do you have a car? \_\_\_\_\_

Which days and hours are you available?

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

Please check **all** of the volunteer opportunities that interest you.

- |  |   |
|--|---|
| <input type="checkbox"/> Foot Care in Medical Clinic                 | <input type="checkbox"/> Waiting Room Hospitality                       |
| <input type="checkbox"/> Clothing distribution                       | <input type="checkbox"/> Translators (Spanish, Haitian Creole, Chinese) |
| <input type="checkbox"/> Leading group activities (art, movies, etc) | <input type="checkbox"/> Conducting surveys of patients                 |
| <input type="checkbox"/> Reception                                   | <input type="checkbox"/> Accompanying patients to appointments          |
| <input type="checkbox"/> Stocking medical supplies                   | <input type="checkbox"/> Research Support                               |
| <input type="checkbox"/> Set-up/Run in-house store for patients      | <input type="checkbox"/> Haircutting                                    |
| <input type="checkbox"/> Office/Clerical Support                     | <input type="checkbox"/> BHCHP's most urgent need                       |

In addition to completing this application form, you must also submit **two letters of reference** from people who know you well (other than family). Emails are fine. Email references may be sent to [volunteer@bhchp.org](mailto:volunteer@bhchp.org). You will be contacted regarding the remaining steps in the application process.

Ethnicity (optional; for statistical purposes only):

- White  Black/African-American  Hispanic/Latino  Asian  Native American  
 Other (please specify) \_\_\_\_\_

Please return this form by fax to (857) 654-1096 or mail to:

Volunteer Programs  
Boston Health Care for the Homeless Program  
780 Albany Street  
Boston, MA 02118