



Beverly Bootstraps Community Services Volunteer Information

Thank you for your interest in volunteering with us.

Please provide the following information.

All information will remain confidential.

Staff Use Only

Tour _____ Sig _____

CORI RF__ ID__ S__

Programs _____

Notes _____

General Information

Name: _____

Today's Date: _____ DOB: _____

Phone: _____

Additional Phone: _____

Address: _____

City: _____ Zip: _____

Please answer the following:

Email: _____

Do you have a: CAR VAN TRUCK SUV STATION WAGON NO VEHICLE

Can you lift a 40 lb. bag/box? __YES __NO

How did you hear about Beverly Bootstraps Community Services? _____

Background Information

Employment

Occupation: _____ Employer: _____

Work experience/history: _____

Education

Educational Background: _____

Do you speak any languages other than English? _____

Volunteer Experience

Have you volunteered before? If so, where? _____

Description of Duties: _____

Any other skills or interests to share: _____

Beverly Bootstraps Community Services does not fill volunteer positions with individuals who use Beverly Bootstraps services. In rare instances, exceptions are made per staff discretion.

Which Programs, if any, are you most interested in volunteering with?

Thrift Store Food Pantry Literacy Youth & Technology Homework Club

ESL GED Administrative Seasonal Fundraising Events Other: _____

On average, how many hours could you commit each week/month? _____

Are there any days/time slots that you prefer to volunteer?

M_____ Tu_____ W_____ Th_____ F_____ Sa_____

Do you anticipate any changes in your residence, business, or domestic situation in the next year that would affect your volunteer commitment? If yes, please explain.

If you are interested in working with any of our youth, or protected population programs, please provide two references that we may contact:

	Name	Phone Number	Relationship
1.			
2.			

IF YOU ARE 17 OR OLDER, PLEASE FILL OUT THE ATTACHED CORI REQUEST FORM.

Confidentiality Agreement

I agree that the names and addresses of clients and donors of Beverly Bootstraps Community Services, Inc. will remain confidential and will not be used for any other purposes other than that required by Beverly Bootstraps Community Services, Inc.

Date: _____ Signature: _____

Media Release

I hereby give my consent that Beverly Bootstraps Community Services may use any photographs, videos, audio recordings, or quotes of myself obtained during any Beverly Bootstraps Community Services programs or events.

Signature: _____ Date: _____

(If volunteer is under 18 years of age, Parent or Guardian should be the one to sign the Media Release.)

Statement of Non-Discrimination:

Beverly Bootstraps Community Services believes that one of the great strengths of community is the rich diversity of its residents in race, religion, national origin, ethnicity, gender, sexual orientation, gender identity and expression, marital status, age, height, weight and physical ability. Beverly Bootstraps Community Services affirms publicly its moral and legal commitment to a policy of equal opportunity and non-discrimination.

Mail to: Volunteer Coordinator, BBCS, 371 Cabot Street, Beverly, MA 01915, or drop off at the same address. Questions: Call Kristna Evans at 978-927-1561. Per Mass Law 201 CMR 17.00, DO NOT EMAIL: contains personal information vulnerable to identity theft online.



BEVERLY BOOTSTRAPS COMMUNITY SERVICES

371 Cabot Street Beverly MA 01915
Phone 978-927-1561 Fax 978-927-1553
www.beverlybootstraps.org

*BEBFP
FE214*

CORI REQUEST FORM

Beverly Bootstraps Community Services has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee/volunteer for the position of _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee/Volunteer Signature

APPLICANT/EMPLOYEE/VOLUNTEER INFORMATION (PLEASE PRINT BELOW)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS *(if applicable)* PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY NUMBER ID THEFT INDEX PIN #
(requested but not required) *(if applicable)*

MOTHER'S MAIDEN NAME: _____

CURRENT AND FORMER ADDRESSES: _____

SEX: _____ HEIGHT: _____ft. _____in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

***** STAFF USE ONLY *****

THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE