



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: _____

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.

If volunteer is under 18 years of age, Parent or Guardian signature needed below:

Signature: _____ Date: _____

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: Kristna Evans, Volunteer Coordinator, BBCS, 371 Cabot Street, Beverly, MA 01915
Or email to: kevas@beverlybootstraps.org Questions: Call Kristna Evans at 978-927-1561

