

IRISH PASTORAL CENTRE, 15 RITA ROAD, DORCHESTER, MA 02124

All information on this form is **confidential**. All Volunteers will be subject to a CORI check once your application is accepted.

<input type="checkbox"/> Mornings 9:30 AM - 11:30 AM	<input type="checkbox"/> Afternoons 2:00 PM – 4:00 PM	Days (circle appropriate) M/Tu/Wed/Thurs/Fri - weekends	Today's Date
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Last Name	First Name	Mid Initial	Gender	Date of Birth	
Address	Apt #	City		State	Zip Code
Tel # (home)	Tel # (work)	E-mail Address (PLEASE PRINT CLEARLY)			
Cell/Mobile #:	SSN (optional) ____/____/____	Country of Birth			

<p>In what area(s) would you be interested in volunteering?</p> <p>Office duties - Please circle each area you are familiar with Are you comfortable using a computer Y/N MS Word <input type="checkbox"/> Excel <input type="checkbox"/> Access <input type="checkbox"/> Email/Internet <input type="checkbox"/> Filing <input type="checkbox"/> Telephone <input type="checkbox"/> Mailings <input type="checkbox"/></p> <p>Prison Visitations <input type="checkbox"/> Bereavement Program <input type="checkbox"/> Pre-Marriage Course</p> <p>Graphic Design <input type="checkbox"/> Finance <input type="checkbox"/> Public relations <input type="checkbox"/> Spiritual <input type="checkbox"/> Fundraising <input type="checkbox"/> Married Couples <input type="checkbox"/> Family Outreach <input type="checkbox"/> How many years married _____</p> <p>Senior Citizen Program <input type="checkbox"/> Health & Welfare <input type="checkbox"/> Home/hospital visits to elderly/homebound <input type="checkbox"/> Web Site development/maintenance <input type="checkbox"/></p> <p>Other: (please specify) _____</p>	<p>Please list your education for areas you are interested in volunteering.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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<p>Do you or have you ever volunteered at another Organization? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, when and please explain in brief what duties you performed.</p> <hr/> <hr/> <hr/>

I hereby state that the answers to the above questions are true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____