



Application for Volunteer/Internship Services

145 South Street
 Boston, MA 02111
 617-521-6701

Thank you for applying for a volunteer/internship position with South Cove Community Health Center. Our Human Resources staff will make very effort to match your skills and interest with current or future openings. Please assist us by completing this application as thoroughly as possible. We appreciate your interest in the Health Center.

Please print clearly.

Date _____

Name _____
 Last First Middle Initial

Address _____
 Street City State Zip Code

Telephone_(_____)_____(h)_____(w)

Type of volunteer/internship service preferred _____

Check times available Mornings _____ Afternoons _____ Evenings _____
 Monday__ Tuesday__ Wednesday__ Thursday__ Friday__ Saturday__

Education	Name of School	Address	Dates Attended From To	Did you graduate?	Major Subject	Degree Received or # of years completed
High School						
College or School of Nursing						
Technical/ Business School						
Other						

Employment Experiences: List your most recent position first.

Name and address	Dates: From-To	1.Position Held 2.Supervisor 3. Telephone	Reason for leaving
		1. 2. 3.	
		1. 2. 3.	

Personal References: Give the names of two people, other than relatives or personal friends, who have known you for several years.

Name Address and Telephone

By whom were you referred to South Cove Community Health Center?

Reason for selecting South Cove Community Health Center?

PREVIOUS VOLUNTEER/INTERNSHIP EXPERIENCE

Where?	Dates: From: To:	What was your assignment?

Do you have any particular skills that would be helpful in a volunteer/internship assignment? _____

Do you speak any foreign languages fluently or have knowledge of sign language; if so, would you be willing to interpret? _____

List recreational interests and hobbies. _____

In case of an emergency, whom do you wish us to notify?

Name _____ Relationship _____ Telephone _____

CRIMINAL RECORD INFORMATION

Any applicant for volunteer/internship service with a sealed record on file with the commission of probation may answer "no record" with respect to any inquiry herein relative to prior arrests, criminal court appearance or convictions. In addition, any applicant for volunteer service may answer "no record" with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services which did not result in a criminal conviction.

Have you ever been convicted of a felony? Yes _____ No _____ If yes, please give date and explain. _____

Have you been convicted of a misdemeanor within the past 5 years? (Do not include a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace).

Yes _____ No _____ If yes, please give date and explain. _____

PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW

I certify that the information given above is true and complete and I understand that misrepresentation and/or withholding of information will result in the rejection of this application or my discharge if discovered after volunteer/internship service begins. I authorize the health center to make inquiries regarding my history and character or prior employers, schools, etc. and hereby release employers, schools, or individuals from all liability in responding to inquired in connection with my application and release the health center from all liability with respect to such inquiries.

I understand that if I am a volunteer, I will be a volunteer/intern "at will" and may terminate my volunteer/internship assignment at any time with or without cause or notice and that the health center also has that right. I also understand no representative of the health center, other than the Executive Director, has any authority to enter into any agreement for volunteer /internship service of any specified period of time or to make any agreement contrary to the foregoing and that such agreement must be in writing. As a volunteer, I agree to abide by the health center's policies, rules, and procedures and any changes thereto.

I understand that I must provide the health center with updated immunization records which includes verification of a Tuberculosis test within the past year.

Applicant's Signature _____ **Date**

For Office Use Only

Interviewer: _____

Comments: _____

A/NA (circle one) Start Date: _____

Department: _____ **Supervisor:** _____ **Schedule:** _____ **Extension** _____

Immunization Forms received? Y/N (circle one) Clearance Date? _____

Orientation: In Service/Test (circle one) Date of in service _____ **Date Test Received** _____