

## VOLUNTEER APPLICATION FORM

THANK YOU FOR YOUR INTEREST IN VOLUNTEER OPPORTUNITIES AT JRI! PLEASE COMPLETE EACH SECTION OF THIS APPLICATION TO THE BEST OF YOUR ABILITY.

*APPLICANTS ARE CONSIDERED FOR ALL POSITIONS BASED ON THEIR ABILITY TO DO THE JOB, AND NOT ON THE BASIS OF RACE, ETHNIC GROUP, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, NATIONAL ORIGIN, MARITAL OR VETERAN STATUS, AGE, OR HANDICAP.*

### INTERN / VOLUNTEER INFORMATION

Check one:  Volunteer  Intern

Name \_\_\_\_\_ Preferred Phone \_\_\_\_\_

Address \_\_\_\_\_ Month/Day of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

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

Emergency Contact Name \_\_\_\_\_

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

Program in which you are interested \_\_\_\_\_

Do you have any special training or skills? \_\_\_\_\_

Please list hobbies and activities that you enjoy. \_\_\_\_\_

### EDUCATION/EMPLOYMENT HISTORY

Have you ever applied or volunteered at a JRI program?  Yes  No

If yes, please explain: \_\_\_\_\_

Please list any present/previous employment \_\_\_\_\_

Please list any previous Volunteer experience \_\_\_\_\_

FOR INTERNS:

College/University Name \_\_\_\_\_

Course Name \_\_\_\_\_ Internship Requirement \_\_\_\_\_

Professor's Name \_\_\_\_\_ Professor's Email Address \_\_\_\_\_

Semester \_\_\_\_\_ Approximate Date of Completion \_\_\_\_\_

## REFERENCES

List 3 references, people you have known for at least 2 years. Please do not include family members, a spouse or significant other.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Preferred Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Preferred Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Preferred Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## SCHEDULE AND AVAILABILITY

Please indicate the days and times that you are available:

	Morning	Afternoon	Evening	Not Available
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

## INTERN/VOLUNTEER SIGNATURE

I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information on this form, or any information relating to my volunteer application may result in reversal of offer, or if selected, immediate dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Please mail/fax to:** Heather DePalma, Director of Volunteer/Intern Services  
Justice Resource Institute, 70 Main Street, Taunton, MA 02780 Fax: 508.828.9017