

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, 99 South Main Street, Fall River, MA 02721 Fax: 508.828.9017