



Amherst Survival Center
138 Sunderland Road
PO Box 9629
North Amherst, MA 01059
(413) 549-3968 x202

For office use:
 Interviewed by: _____
 Date: _____
 Last day (if known) _____
 Placement: _____
 Orientation _____
 Handbook (acknowledgement attached)

VOLUNTEER APPLICATION

First Name: _____ Last Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 E-Mail: _____ Best Time to Reach You: _____
 Birthday: Month ____ Day ____

How did you hear about our volunteer program? _____

Are you associated with a special volunteer program (Community Service, DTA, CSL)?

Yes ___ No ___ If Yes, which one? _____

Do you need to keep track of your volunteer hours? Yes___ No___ If yes, how many hours do you need to do? _____

Are you a year-round resident? Yes___ No___

Are you a college student? Yes___ No___

If yes, where? _____ When do you expect to graduate? _____

Are you open to work extra shifts if someone calls in sick or we are very busy? Yes___ No___

Can you volunteer during December and January? Yes___ No___ Partially _____

Can you volunteer during June, July, and August? Yes___ No___ Partially _____

What languages do you speak? _____

Do you have any special skills, hobbies, or experience that may be useful in your work with ASC?
 i.e. - fundraising, computer skills, construction, cooking etc.

Do you have any special considerations, i.e. physical or medical, that we should be aware of?

*Have you ever been convicted of a crime? Yes___ No___

*Are there any criminal matters pending against you? Yes___ No___

* Applicants who indicate a conviction of a crime or pending criminal matters will not be summarily rejected. Registered Sex Offenders will not be able to volunteer at the ASC.

If yes, please explain:

Are you a registered with the Massachusetts Sex Offender Registry Board? Yes ___ No ___

Optional Information:

Race/Ethnic Identity: _____

Gender Identity: _____

Preferred Pronouns: _____

Please indicate any additional information that may be helpful to us:

<p>Emergency Contact Information:</p> <p>Name _____ Relationship _____</p> <p>Phone _____</p>

- *I certify that the statements made in this volunteer application are true and correct to the best of my knowledge.*
- *I understand that as a volunteer I am required to attend a volunteer orientation and that I will receive and review the ASC's Code of Conduct and Volunteer Handbook.*
- *I understand that the Volunteer Handbook and ASC's policies may change from time to time, at its discretion and without advance notice. I will observe the policies and rules in this Handbook and those established by the Center.*
- *I understand that as a volunteer, while I may have access to food and clothing, I will not receive any additional ASC services or goods, or provide others with special access to ASC services and goods.*
- *I understand that I will not be paid for my services as a volunteer.*
- *I agree to keep all information about Amherst Survival Center participants in confidence. If there is a problem or an issue with an individual, I will only speak to ASC staff to try and resolve it.*
- *By recognizing the dignity and beauty of every person, I agree to help build and create our community as an Amherst Survival Center volunteer.*

I understand that as a volunteer I must comply with the ASC Code of Conduct at all times while at the ASC.

Signature of Applicant _____ Date Signed _____
