



**Hebrew Rehabilitation Center**

Hebrew SeniorLife

1200 Centre Street, Boston, MA 02131

**Volunteer Application**

*In compliance with equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or handicap.*

Date of application: \_\_\_\_\_

Date of birth: Month \_\_\_\_\_ Day \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Street

City

State

Zip

Telephone # (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Home

Work (May we contact you? Yes\_ No\_)

Cell

Winter Address \_\_\_\_\_

Street

City

State

Zip

Winter phone ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

In case of emergency notify:

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

Home Address and Telephone \_\_\_\_\_

Business Address and Telephone \_\_\_\_\_

Type of volunteer service preferred \_\_\_\_\_

Available Days (please circle):      Mon    Tues    Wed    Thurs    Fri    Sat    Sun

Available Hours (please be specific):    Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

Are you willing to be on-call as a substitute? Yes\_\_ No\_\_    To volunteer on holidays? Yes\_\_ No\_\_

<b>Work Experience</b>		
From _____ To _____	Name and address of employer	Position
From _____ To _____	Name and address of employer	Position
<b>Volunteer Experience</b>		
From _____ To _____	Name and address of agency/organization	Description of duties
From _____ To _____	Name and address of agency/organization	Description of duties

<b>Education/Special Training</b>	<b>Name &amp; Location</b>	<b>Major Course/Diploma/Degree/Certificate</b>
High School or Equivalent		
College/Technical/Business/ Vocational		
Special Training/Other		

References (no relatives)

Name	Address	Telephone	Relationship

**Skills**

Do you have any foreign language skills? Yes\_\_ No\_\_ If yes, please list\_\_\_\_\_

Do you type? Yes\_\_ No\_\_ Describe any computer skills\_\_\_\_\_

Are you a member of HSL's Women's Auxiliary or Men's Associates? Yes\_\_ No\_\_

How were you referred to HSL? \_\_\_\_\_

Are you able to perform the essential functions of the volunteer work for which you are applying?  
Yes\_\_ No\_\_ If no, please explain \_\_\_\_\_

Have you ever been convicted of a felony? (You may answer "no" if you have a sealed record on file with the Commissioner of Probation.) Yes\_\_ No\_\_ If yes, please explain:  
\_\_\_\_\_

The information supplied in this application is true and complete to the best of my knowledge. I understand that any misrepresentation may be cause for my rejection or dismissal. I authorize HRCA to make inquiries, unless otherwise noted, regarding my history to prior employers, organizations, schools, etc. and release HRCA, employers, school, individuals, or organizations from all responsibility or liability that may arise in connection with such inquiries.

\_\_\_\_\_  
Applicant's Signature

INTERVIEWER'S COMMENTS\_\_\_\_\_

Dept.\_\_\_\_\_Duties\_\_\_\_\_Supervisor\_\_\_\_\_Days/Hours\_\_\_\_\_

Start Date \_\_\_\_\_