

Central Massachusetts Agency on Aging

Application For Volunteer/Intern Positions

Central Massachusetts Agency on Aging considers applicants for all volunteer/intern positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(please print)

Volunteer/Intern Position(s) Applied For:		Date of Application		
How Did You Learn About Us?				
Advertisement		Posting		Walk-In
School Placement Office		Relative/Friend		Other _____
Last Name		First Name		Middle Name
Address Number	Street	City	State	Zip Code
Telephone Number(s)		Social Security Number		
Emergency Contact: Last Name		First Name		
Relationship		Telephone Number(s)		

If you are under 18 years of age, can you provide required proof of your eligibility to volunteer/intern?	Yes	No
Have you ever been employed/volunteered/interned with us before?	Yes	No
If yes give the date _____		
Are you currently employed?	Yes	No
May we contact your present employer?	Yes	No
On what date would you be available for volunteer/intern?		
Are you available to volunteer/intern: Full Time Part Time Temporary	_____	
Are you currently on "lay-off" status and subject to recall?	Yes	No
Do you have a dependable means of transportation to and from CMAA?	Yes	No

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Additional Information

State any additional information you feel may be helpful to us in considering your application. Summarize special job-related skills & qualifications from employment or other experience.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE VOLUNTEER/INTERM FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the volunteer/intern position for which you have applied? A description of the activities involved in such a volunteer/intern position is attached. YES NO

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer/internship activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	<u>Dates Employed</u>		Work Performed
		From	To	
	Address			
	Telephone Number(s)	<u>Hourly Rate/Salary</u>		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	<u>Dates Employed</u>		Work Performed
		From	To	
	Address			
	Telephone Number(s)	<u>Hourly Rate/Salary</u>		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	<u>Dates Employed</u>		Work Performed
		From	To	
	Address			
	Telephone Number(s)	<u>Hourly Rate/Salary</u>		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

References

1.	_____ (_____) _____
(Name)	Phone # _____

(Address)	
2.	_____ (_____) _____
(Name)	Phone # _____

(Address)	
3.	_____ (_____) _____
(Name)	Phone # _____

(Address)	

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for volunteer/intern placement as may be necessary in arriving at an volunteer/intern placement.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any volunteer/intern relationship with this organization is of an "at will" nature, which means that the Volunteer/Intern may resign at any time and CMAA may discharge the Volunteer/Intern at any time with or without cause. It is further understood that this "at will" Volunteer/Intern relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of acceptance in a Volunteer/Intern position, I understand, that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of CMAA.

Signature of Applicant _____ Date _____