



# Volunteer Application

Please fill out the following form. In order to submit the application, print it and either fax it to 617-972-7877 or mail it to:

**Mike Cataruzolo**  
**Perkins Volunteer Office**  
**175 North Beacon Street**  
**Watertown, MA 02472**

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## Personal Information (Please print or type)

\_\_\_\_\_ Date

\_\_\_\_\_ Last Name

\_\_\_\_\_ First Name

\_\_\_\_\_ Middle Initial

\_\_\_\_\_ Address

\_\_\_\_\_ Apt. #

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zipcode

\_\_\_\_\_ Email Address

\_\_\_\_\_ Do you wish to receive Perkins email updates?  Yes  No

\_\_\_\_\_ Business Phone

\_\_\_\_\_ Home Phone

## Emergency contact:

\_\_\_\_\_ Name

\_\_\_\_\_ Relationship

\_\_\_\_\_ Phone Number

## Education and Experience/Interests

\_\_\_\_\_ High School Attended

\_\_\_\_\_ Graduated:  Yes  No

\_\_\_\_\_ College Attended

\_\_\_\_\_ Degree Granted:  Yes  No

Have you ever worked with people with disabilities?  Yes  No      Volunteered?  Yes  No

Please Explain: \_\_\_\_\_

Are you licensed/certified in?  First Aid       CPR       Water Safety       Sign Language

Please describe your hobbies, interests, special skills or training: \_\_\_\_\_

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**Please direct any questions to the Volunteer Program at 617-972-7224.**

## Volunteer Availability

Please state the times you are available: Day(s) \_\_\_\_\_ Hours \_\_\_\_\_

If you would like to work directly with students and clients, please mark the preferred age group:

Birth to 5                       6 to 15                       16 to 22                       Over age 22

Are you available to volunteer for:  3 months                       6 months                       one year

Please indicate your areas of interest in order of priority, 1-3.

\_\_\_\_\_ Adapted Physical Education/Recreation Aide

\_\_\_\_\_ Library Aide

\_\_\_\_\_ Adapted Aquatics Aide

\_\_\_\_\_ Narrator/Monitor in Studio

\_\_\_\_\_ Assistive Device Center Aide

\_\_\_\_\_ Preschool Program Aide

\_\_\_\_\_ Book Buddy

\_\_\_\_\_ On Call (special activities)

\_\_\_\_\_ Classroom Aide

\_\_\_\_\_ Outreach Aide

\_\_\_\_\_ Clerical/Data Entry

\_\_\_\_\_ Reader/Tutor

\_\_\_\_\_ Companion

\_\_\_\_\_ Studio Reviewer

\_\_\_\_\_ Horticulture Program Aide

\_\_\_\_\_ Technical/Recreation Aide (GCST)

\_\_\_\_\_ Infant/Toddler Program Aide

## Personal References

Please list name, address, and telephone number of two character references, not including relatives:

1) \_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_

I attest that all the above information is correct and accurate. I authorize Perkins to contact the above individuals for a character reference.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**