

**STANDARD VOLUNTEER or INTERN APPLICATION****THE COMMONWEALTH OF MASSACHUSETTS****DEPARTMENT OF YOUTH SERVICES****(This form stays with the Volunteer/Intern Coordinator)****Full Name:** \_\_\_\_\_  
Last First MI.**DOB:** \_\_\_\_\_**Gender:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_**Home Address:** \_\_\_\_\_  
Street Apt # P. O. BoxCity State Zip  
**Phone: Home/Cell:** ( ) -- **Work** ( ) --**Email:** \_\_\_\_\_**Emergency Contact Name:** \_\_\_\_\_**Emergency Contact Phone:** \_\_\_\_\_**Occupation (if applicable):** \_\_\_\_\_**Business Address 1:** \_\_\_\_\_**Business Address City/State/Zip:** \_\_\_\_\_**Business Address Phone:** \_\_\_\_\_**Name of Employer (if applicable):** \_\_\_\_\_ **Length of Time w/Employer:** \_\_\_\_\_**Are you a Student:** ☐ Yes ☐ No**Name of School:** \_\_\_\_\_**School Address 1:** \_\_\_\_\_**School Address City/State/Zip:** \_\_\_\_\_**School Phone Number:** \_\_\_\_\_**Education:** ☐ Less than 12 ☐ High School Diploma / GED ☐ College ☐ Graduate**Foreign Languages:** \_\_\_\_\_ ☐ Speak ☐ Write**Have you ever done volunteer work before?** ☐ Yes ☐ No

If Yes, where? \_\_\_\_\_ How long? \_\_\_\_\_

Have you ever worked with DYS before? ☐ Yes ☐ No

If Yes, Where? \_\_\_\_\_ How long? \_\_\_\_\_

When are you available to volunteer or intern?

Availability:	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Morning	_____	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____	_____
Evening	_____	_____	_____	_____	_____	_____	_____

Do you have access to a car? ☐ Yes ☐ No

If Owner of a car, Registration Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

Please identify the volunteer or intern services that are of interest to you. \_\_\_\_\_

Does this volunteer job or internship require any type of license or certification? ☐ Yes ☐ No

How did you hear about this opportunity? \_\_\_\_\_

Briefly describe why you are interested in becoming a volunteer or intern with the Department of Youth Services: \_\_\_\_\_

Are you visiting, have you visited, or are you corresponding with any youth confined in any institution of MA Department of Youth Services? ☐ Yes ☐ No

If yes, please explain/identify the youth(s): \_\_\_\_\_

Please list any known family, friends, or associates who are currently confined to any institution of the MA Department of Youth Services: \_\_\_\_\_

Have you ever been employed by the MA Department of Youth Services? ☐ Yes ☐ No

If yes to either of the above questions, please explain \_\_\_\_\_

Do you have any life saving medications (nitro pills, inhalers etc) that you will need to keep on your person during your volunteer group ☐ Yes ☐ No

Description of Medication: \_\_\_\_\_

Application is being made by: ☐ Individual ☐ Organization  
References:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby certify that information on this application is accurate to the best of my knowledge. I understand that all information on the application is subject to verification and I consent to such verification as may be necessary in reference to my volunteer work.

Signed: \_\_\_\_\_ date: \_\_\_\_\_

Application Received and Completed: \_\_\_\_\_ (date)

Volunteer Intern Coordinator: \_\_\_\_\_ Approved ☐ Denied ☐

Director of Program : \_\_\_\_\_ Approved ☐ Denied ☐  
-- and / or --

Clinical Director : \_\_\_\_\_ Approved ☐ Denied ☐

Regional Director: \_\_\_\_\_ Approved ☐ Denied ☐

Background Check form completed and received: \_\_\_\_\_ (date)

Training Orientation Date: \_\_\_\_\_

ID Requested : \_\_\_\_\_ ( date)

ID Received : \_\_\_\_\_ ( date)

Volunteer Intern Assignment (Schedule):

☐ Sun. \_\_\_\_\_ (hours)

☐ Thurs. \_\_\_\_\_ (hours)

☐ Mon. \_\_\_\_\_ (hours)

☐ Fri. \_\_\_\_\_ (hours)

☐ Tues. \_\_\_\_\_ (hours)

☐ Sat. \_\_\_\_\_ (hours)

☐ Wed. \_\_\_\_\_ (hours)