

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. Box**

_____ **City** _____ **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):

<input type="checkbox"/> Sun. _____ (hours)	<input type="checkbox"/> Thurs. _____ (hours)
<input type="checkbox"/> Mon. _____ (hours)	<input type="checkbox"/> Fri. _____ (hours)
<input type="checkbox"/> Tues. _____ (hours)	<input type="checkbox"/> Sat. _____ (hours)
<input type="checkbox"/> Wed. _____ (hours)	