



Inspiring all Girls to be Strong, Smart, and Bold

Girls Incorporated of Lynn Volunteer Application

Mail to: Girls Inc. of Lynn 50 High St. Lynn, MA 01902 or Fax to: 781.592.1160

All volunteer candidates are required to complete an application and agree to a background check and interview. Volunteer service will begin only after a review of the returned CORI has been completed, and you are contacted by the Volunteer Coordinator. Each volunteer will meet with the appropriate program director for a training session, project description and other information as required. All application information is maintained confidentially in a secured location to protect candidate's privacy. You must supply a photo I.D. **Please print clearly.**

PERSONAL INFORMATION

First Name: _____ Last Name: _____ Date: _____

Home Address: _____ City, State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Current Employer: _____ Business Address: _____ Current Job Position: _____

EDUCATION AND TRAINING

Please include information from college, and/or other educational training.

School/University Name: _____ Major Area of Study: _____ Current Student? _____ Grade: _____

PREVIOUS VOLUNTEER EXPERIENCE

Please include information from your most current volunteer experiences.

Organization Name: _____ Volunteer Responsibilities: _____ Dates: _____

AVAILABILITY and PREFERENCE

Please select the time period that is convenient for you. You need not commit to the entire time period.

Monday: _____ Girls aged 6 to 12—program hours 1:45—5:30 pm

Tuesday: _____ Girls aged 12 to 14—program hours 2:00—6:00 pm

Wednesday: _____ Girls aged 15 to 18—program hours 4:00—7:00 pm

Thursday: _____ I have no preference

Friday: _____ Saturday/Sunday(special events only): _____

VOLUNTEER RECRUITMENT

How did you first learn about Girls Incorporated of Lynn?

Employer or co-worker Referred by a current Girls Inc. volunteer or staff www.girlsinclynn.org

Volunteer recruitment website United Way / Volunteer Solutions Referred by a friend

Other, Please explain: _____



Girls Incorporated of Lynn Volunteer Application - page 2

Mail to: Girls Inc. of Lynn 50 High St. Lynn, MA 01902 or Fax to: 781.592.1160
www.girlsinclynn.org

VOLUNTEER INTERESTS

Check all volunteer opportunities that interest you:

- Homework Assistance and/or Tutoring
- Teach a skill or workshop to girls
- Lead or assist in games or a sports activity
- Program Assistant-help staff with program preparation or activities
- Office support-help with bulk mailings, clerical tasks, etc. from 9:00—5:00 pm
- Public relations (website, news articles, etc.)
- Grant research and writing
- Help with special events and fundraising initiatives

QUALIFICATIONS

If appropriate, please include resume.

Please check all areas in which you have experience and/or skills:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Science, math or technology | <input type="checkbox"/> Violence prevention | <input type="checkbox"/> Computers | <input type="checkbox"/> Economic literacy |
| <input type="checkbox"/> Health/body image | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Sexuality education | <input type="checkbox"/> Leadership & community action |
| <input type="checkbox"/> Media literacy | <input type="checkbox"/> Arts/Music | <input type="checkbox"/> Careers & life skills | |

Why do you want to volunteer at Girls Inc. of Lynn?

REFERENCES

Please list two persons unrelated to you (e.g., Employer or Professor).

Name: _____ Relationship: _____ Phone and/or Email: _____

Name: _____ Relationship: _____ Phone and/or Email: _____

RACE/ETHNICITY

This information is optional and confidential and is only used in aggregated form. Thank you.

How do you describe your ethnic/racial heritage? Asian African American Hispanic Caucasian
 Multi-Racial Other : _____ I choose not to answer

PERSONS WITH DISABILITIES

This information is optional and confidential and is only used in aggregated form. Thank you.

Do you identify yourself as a person with a disability? _____ Please Describe: _____

DISCLAIMER: I understand and give permission for Girls Inc. to conduct a Criminal Offender Record Information (CORI) review prior to any direct contact with girls.

Volunteer signature

Date