



1550 Main St | 3rd Floor | Springfield MA | 01103

(413) 787-7100 EXT 55697

www.springfieldschoolvolunteers.org

## VOLUNTEER APPLICATION

### Personal Information

Title

First Name

Middle Initial

Last Name

DOB:  /

MM / DD / YYYY

Sex:

M F X  
(X = Prefer not to disclose)

Phone

Address

City

State

Zip

Email

Primary Language

Secondary Language

### Optional

On occasion, funders ask us for certain demographic information. Please share if you feel comfortable doing so:

Highest level of education completed:

High School/GED  Associates  Bachelors  Masters  Doctorate

How do you classify your race/ethnicity:

African American  Asian  Hispanic/Latino  Multiracial  White  Other

### Affiliation Information

If your volunteer service is associated with or supported by your college or university, your employer or a service organization, please provide your affiliation information below:

Name of employer, college, or service organization

Address

Phone

Email

### Reference

Please provide the name of one non-relative reference we may contact.

Reference Name

Relationship

Email Address

Phone Number

## Interests

Any School

Preferred School(s)

Preferred Grade:  Elementary (Pre-k - 5)  Middle (6-8)  High (9-12)  Any Grade

**CORI Processing:** Please tell us what you will be doing and who at the school we should notify when your CORI clears:

**Mentoring:** Help students achieve academic and social emotional goals that align with SPS's Portrait of a Graduate through positive-youth adult relationships.

**Read Aloud:** Read to participating elementary school classrooms once a month (Oct. – Feb.)  
**Select preferred grade(s):**

Pre- K/K  Grade 1  Grade 2  Grade 3  Grade 4  Grade 5

**General School Support:** Add me to the volunteer pool to be notified of available opportunities to support schools or SSV on an as-needed basis.

## Availability

Please tell us the day(s) and time slot(s) you are available to volunteer:

Monday  AM  PM Wednesday  AM  PM Friday  AM  PM

Tuesday  AM  PM Thursday  AM  PM Saturday  AM  PM

## Authorization

Your signature below indicates that you have read and agree with the following:

- I certify and attest that the above-mentioned information is true and complete to the best of my knowledge.
- I understand that if I am placed, any volunteer work will take place only at the assigned location.
- As required by the Commonwealth of Massachusetts, I have completed the two-sided CORI form and provided a copy of a valid passport, driver's license or other government-issued photo ID.

Signature

Date

Please return to the address above or via email to [volunteer@springfieldpublicschools.com](mailto:volunteer@springfieldpublicschools.com).