



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 Address

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

Affiliation Address

Affiliation Phone

Affiliation Email

Reference

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

Reference Name

Relationship

Email Address

Phone Number

Program Selection

Please select the SSV program(s) you are interested in volunteering for:

Mentoring: Meet weekly with students to help them achieve academic and social-emotional goals that align with SPS's *Portrait of a Graduate*.

Traditional (One-on-One)

Small Group (2-5 students)

Read Aloud: Read to participating Pre-K through grade 5 classrooms once a month (Oct. – Feb.)

General School Support/Other: Support students, schools, or SSV in other ways. (explain below):

School Preference

Let us know the school(s) where you would like to volunteer:

Any School

Grade Level Preference

Select the grade level(s) of students you wish to volunteer with:

Elementary

Middle

High

Pre-K K 1 2 3 4 5

6 7 8

9 10 11 12

Any Grade

Availability

Use the spaces below to tell us the time(s) you are available to volunteer each day:

Monday Hours Wednesday Hours Friday Hours

Tuesday Hours Thursday Hours

Media Release

Please check the items you will allow SSV to publish (newsletters, social media, website, etc.):

My first and last name Any visual image (photo/video) My statements (written or spoken quotes or stories)

Authorization

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

- I certify 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