



## VOLUNTEER APPLICATION

### PERSONAL INFORMATION

Gender:    DOB:   
 Title First Name M.I. Last Name M F X MM/DD/YYYY  
*(X = Prefer not to disclose)*

Address City State Zip Code

Preferred Email Address Primary Phone Number Secondary Phone Number

Primary Language Secondary Language

**Affiliation:**   
 Employer, College, or Service Organization's Name & Address

**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 and/or ethnicity?

African American  Asian  Hispanic/Latino  Multiracial  White  Other:

### INTERESTS

Please indicate the type(s) of volunteer work you are interested in:

Capacity-Building *(support SSV operations)*
 Direct Support *(work with students)*
 Other

Preferred School(s):   Any School

Preferred Grade Level(s):  Elementary (Pre-K – 5)  Middle (6-8)  High (9-12)  Any Grade

If you selected capacity-building opportunities, please indicate area(s) of interest below:

**SSV Ambassador** - Utilize your unique strengths and skills to support SSV's operations in a variety of areas and roles.

- Planning* – assist with the development, revision and implementation of program strategies.
- Training* – assist with developing value-added training; mentor less experienced volunteers in similar roles.
- Outreach* – assist with SSV's outreach efforts including sharing contacts and attending recruitment events.
- Technology/Communication* – assist with the development and implementation of SSV's online marketing strategy.
- Tracking/Evaluation* – assist with the development of tools to facilitate the tracking and analysis of relevant data.

## INTERESTS (CONTINUED)

If you selected direct support, please select specific program(s) below:

**Mentoring:** Participate in character-building discussions/activities with student(s) for 30-45 minutes/week.

- One-on-one mentoring Student Name (if applicable):
- Small group mentoring

**Academic Support:** Provide support to students with identified academic challenges for at least 30 minutes/week.

Please select all areas in which you are comfortable providing academic support:

- Reading/Literacy    Biology    Chemistry    Physics    History
- Math    Algebra    Geometry    Calculus    Trigonometry
- Organizational Skills    Foreign language
- Other:

**Virtual Book Club:** Facilitate weekly discussions/activities with a group of students based on pre-selected books.

- Elementary School Book Club    Middle School Book Club

**Read Aloud:** Traditional program currently unavailable. Select grade(s) to sign up for waitlist or ask about virtual opportunities.

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

If you are applying for something other than the opportunities above, provide additional information below:

- Athletics/Coaching**
- Sport/Coach's Name

- Other** (explain)

Skills/Hobbies/Interests:

### AVAILABILITY

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

### AUTHORIZATION

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

Reference:  Relationship:

Email:  Phone:

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).