



**ADVENTURE IN COMMUNITY**

**VOLUNTEER APPLICATION**

Thank you for your interest in being a part of the Olde Home Days Committee in Clinton, MA. Please take a moment to answer the questions below and email the completed application to: **oldehomeday@gmail.com**

Contact Information		
Name:		
Street/City/St/Zip:		
Cell Phone:		
Email:		
How did you hear about Clinton's Olde Home Days?		
Why are you volunteering?...Check one	Please confirm your availability...Circle each	
<input type="checkbox"/> To get involved in my community	Monthly meeting (Held 2nd Monday beginning 6:30pm)	Yes No
<input type="checkbox"/> To gain experience for work or school	Thursday setup (Day before the event for about 6-8 hours)	Yes No
<input type="checkbox"/> To earn community volunteer hours	Friday setup and operation (Morning/Afternoon prep and evening event)	Yes No
<input type="checkbox"/> Other (please explain) _____ _____	Saturday operation/clean up (Morning event and afternoon cleanup)	Yes No
What skills do you have that might be beneficial for the team?...Check all that apply		
<input type="checkbox"/> Social Media	<input type="checkbox"/> Organizational Skills	
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Financial Management	
<input type="checkbox"/> Advertising	<input type="checkbox"/> Telephone/Customer Service	
<input type="checkbox"/> Computer skills (Word, Excel, etc)	<input type="checkbox"/> Documentation	
<input type="checkbox"/> Other:	NOTE: You will work as part of a team utilizing your skills	
Previous Volunteer/Work (Current or past)		
Name of Organization	Position/Duties	From (mm/yy) - To (mm/yy)



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<b>Education (highest level of education completed OR in progress)...Check one</b>	
<input type="checkbox"/> Degree/Certificate	<input type="checkbox"/> Undergraduate Degree
<input type="checkbox"/> High School	<input type="checkbox"/> Diploma/Certificate
<input type="checkbox"/> Area of Study:	<input type="checkbox"/> Post-Graduate
	<input type="checkbox"/> None apply
<b>List any additional courses, studies, hobbies, special qualifications or interests you feel are relevant for the volunteer position in which you are applying:</b>	
<b>Do you have any health restrictions that may impact your volunteering?...Circle one</b>	
Yes	No      Please explain:
<b>References</b>	
1. Name:	2. Name
Phone:	Phone
Email:	Email
Relationship:	Relationship
<b>DECLARATION</b>	
<input type="checkbox"/> I certify that I am 18 years of age or older	
<input type="checkbox"/> I certify the information in this application is correct to the best of my knowledge	
<input type="checkbox"/> I understand that any misrepresentation or omission may result in my dismissal	
<input type="checkbox"/> I understand that not everyone who applies is accepted into the Volunteer Program	
<input type="checkbox"/> I hereby authorize the Olde Home Days Committee to contact and obtain references in connection with my application for volunteering.	
<input type="checkbox"/> I will adhere to the policies and procedures of the Olde Home Day (written or verbal)	
<input type="checkbox"/> I agree to respect the confidentiality of all information to which I may have access related to the committee's discussions and finances.	
<input type="checkbox"/> I understand that violation of confidentiality provisions could result in immediate dismissal from our volunteer program	
<b>Agreement and Signature</b>	
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that, if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.	
Name (Printed)	
Signature	Date:

**A MINIMUM OF A 2 YEAR COMMITMENT IS GREATLY APPRECIATED AND ENCOURAGED**