



Volunteer Application

Name: _____ Date: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Why do you want to volunteer for CISA?

How did you hear about CISA?

Past Volunteer Experience: [Include agency/organization and type of work]

Time Available: Circle all that apply

Mon Tues Wed Thurs Fri Sat Sun Morning Afternoon Evening
(9am-12pm) (1pm-4pm)

Frequency of availability: (ie. Weekly, monthly, seasonally, etc.) _____

What type of work would you like to do here?

- Special Events
- Mailing
- Data Entry
- Research
- Programs
- Tabling
- Other - List _____

What skills, training or experience do you have? _____

Please give one reference: [Name, contact, relationship]

Please list current/previous employer:

Please mail this completed form to:

Jennifer Williams
CISA
One Sugarloaf Street
South Deerfield, MA 01373