Volunteer and Internship Placement and Permission Form

Name: ____________________________    Address: ___________________________________
Phone: _____________________   Email: _______________________________________

Emergency Contact 1 : __________________________ Phone: _______________________
Emergency Contact 2 : __________________________ Phone: _______________________

Are you currently a student? Y or N; If yes, name of a school __________________________

Availability:

Please circle all available times
Monday ____________________ Tuesday ____________________ Wednesday ____________________
Thursday ____________________ Friday ____________________ Saturday ____________________
Sunday ____________________
AM/PM AM/PM AM/PM AM/PM AM/PM AM/PM AM/PM

If you have a preference, please select which program(s) you are interested in volunteering for:

See website for program details.

Ongoing – monthly:
Teen Night (Friday nights, 6 – 8:30 pm) ___
Dances (Friday nights, 6 – 9 pm) ___
Bingo (Friday nights, 6 – 8 pm) ___

Ongoing – weekly:
Kids Break program (Saturdays 9 am- 12pm) ___
Adult Cooking Program (Thursdays, 6 – 8 pm) ___

Ongoing – daily:
ASPIRE – After school program (M-F, 3 – 5:30 pm) ___
Adult after work program (M-F, 3 – 5:30 pm) ___
Day Habilitation Program (M-F, 9 am – 3 pm) ___
Day & Employment Program (M-F, 9 am – 3 pm) ___
Residential Programs (Days and hours vary) ___

Are you willing and able to commit to one of the above recurring programs?
  Yes___ No ___If yes, for up to 3 weeks ___ 6 weeks ___ other _________

Notes on availability and commitment:
_________________________________________________________________________________
_________________________________________________________________________________
Please answer the following questions so we can best place you within our volunteer opportunities.

1. Have you ever worked with individuals with developmental disabilities before? If yes, please explain your experience.

__________________________________________________________________________________________________

_______________________________________________________________________________________________


2. What are some of your strengths? What do you most like to do?

___________________________________________________________________________________________

___________________________________________________________________________________________


3. Do you have any talents that you feel could be part of your volunteer experience? (ex. Playing a musical instrument, artistic ability, sports, photography, etc.)

__________________________________________________________________________________________________

__________________________________________________________________________________________________


4. Additional comments:

__________________________________________________________________________________________________

__________________________________________________________________________________________________


5. Have you ever applied at The Charles River Center before? Yes___ No___

If yes, when? ___________________ For what position? ____________________________________

By signing below I assume all risks and hazards incidental to such participation including transportation to and from the activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless, The Charles River Center, the organizers, sponsors, supervisors, staff, participants, and persons transporting myself to or from activities, for any claim arising out of an injury to myself except and in amount covered by accident or liability insurance.

__________________________________________
Participants Signature

________________________
Date

________________________
Name of Program to volunteer at

________________________
Date (s) of program

__________________________________________
Parent/Guardian if under 18
The Charles River Center has been certified by the Criminal History Systems Board for access to conviction and pending criminal data of all interns/volunteers. I understand that a criminal record check will be conducted for conviction and pending criminal case information only.

THE INFORMATION BELOW IS CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT CLEARLY)

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<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
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<tr>
<th>MAIDEN NAME OR ALIAS (IF APPLICABLE)</th>
<th>PLACE OF BIRTH</th>
<th>MOTHER’S MAIDEN NAME</th>
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<th>DATE OF BIRTH</th>
<th>LAST 6 DIGITS OF SOCIAL SECURITY NUMBER</th>
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CURRENT ADDRESS:____________________________________________________

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<th>City</th>
<th>State</th>
<th>Zip Code</th>
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FORMER ADDRESSES: (If at current less than 5 years)

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References (Please provide two)

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<th>Email Address</th>
<th>Phone Number</th>
<th>Relation to Applicant</th>
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