



East End House

Volunteer Application

*Thank you for your interest in volunteering with East End House!
Please fill out the application below and return the first three pages, along with the CORI Form.
The Health Form should be filled out by a doctor at your earliest convenience.*

Name _____

Date _____

Address _____
Street Apt #

Phone _____
Primary

_____ *City State Zip*

_____ *Secondary*

E-Mail _____

Best time to call _____

Birthday (mm/dd/yyyy) _____

Emergency Contact Information

Name _____

Name _____

Relationship _____

Relationship _____

Phone _____
Primary Secondary

Phone _____
Primary Secondary

1. How did you learn about East End House?
2. How much time in a week/month do you want to volunteer? Which days/hours?
3. What are some of your relevant work or volunteer experiences? What did you enjoy most about these experiences?
4. What do you hope to gain from this volunteer experience? What would you like to learn?
5. What challenges do you expect in volunteering with us?
6. What special talents, interests, or abilities would you like to use here?

105 Spring Street
Cambridge, MA 02141
T 617.876.4444
F 617-868.3616

www.eastendhouse.org



East End House

Do you have experience working with:

- Toddlers
- Preschoolers
- Low-Income Individuals and Families
- School-Age Children
- Teenagers
- Senior Citizens
- Other groups _____

What language(s), other than English, do you speak fluently? _____

Employment Status:

- Employed
- Student
- Retired
- Other

Company/Organization/School Name: _____

Is there a particular program or project that you are interested in?

- Toddlers
- Preschool
- School Age
- Middle School
- High School
- Seniors
- Food Pantry
- Farmer's Market
- Special Events
- Mentoring
- Office
- Teaching a Class
- Other _____

Please list the names and daytime phone numbers of three people who are *not relatives* that we can call for references, (i.e. teacher, supervisor, employer, clergy, etc.).

Name _____ Phone _____

Relation to you _____ Length of time known _____

Name _____ Phone _____

Relation to you _____ Length of time known _____

Name _____ Phone _____

Relation to you _____ Length of time known _____

Signature _____

Guardian/Parent *(if under 18 years of age)* _____

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Media Release Form

Consent and Permission to use videotape, photograph, or contents of interview(s) / on-air appearances

I, _____, of _____,
name address and city

Massachusetts consent to the photographing and/or videotaping of my image and likeness, or my child's image and likeness by East End House. This includes any future articles, story/stories, newsletters, or videotapes about EEH.

I further consent to my child and/or myself being interviewed and/or making comments for any story, article or videotape using the content of that interview/comment in whole or in part.

In consideration of the possible use of my image and/or likeness or some content, I hereby release EEH and its agents, successors and assignees from any and all claims, suits, demands or judgments based upon the obtaining and/or use of the above material.

This release is executed at _____, Massachusetts on _____.
city date

Print Name of Self or Legal Guardian/Parent _____

Print Name of Child (if applicable) _____

Signature of Person Completing Form _____

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To: East End House Volunteer Coordinator

Date: _____

I have examined _____ on the above date.

_____ This person does not have any physical limitations in working with children.

_____ This person does have physical limitations in working with children as stated below.

_____ I have immunized the person names above for measles, mumps and rubella in accordance with current Massachusetts DPH policy.

Date MMR1: _____

Date MMR2: _____

_____ This person does not require immunization due to:

_____ The age of the patient

_____ Evidence of prior immunity was presented to me

_____ Immunization is medically contra-indicated

_____ The patient has stated in writing that immunizations are in conflict with their religious beliefs.

_____ I have administered a Mantoux test in accordance with current public health law.

The test was read as negative on _____.

_____ I did not administer a Mantoux test.

Physician's Signature and stamp: _____

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