

## **LifePath Volunteer Application Form**

Name:	Date:		
Address:			
Phone:			
Email:			
<b>Emergency Contact:</b>			
Name:			
Relationship:			
Phone:			
How and when do you prefer to be contacted?			
Do you speak any languages in addition to Englis			
Are you willing to undergo a Criminal Offender R background check?	ecord Investigation (CORI) and police		
Are you available to attend regular meetings and/or trainings?			
Are you willing to drive to all towns in LifePath's			
If "No", please specify which towns you are willin	g to travel to:		
Volunteers are asked to make a renewable one to Barring unexpected emergencies are you willing a			
Date available to begin:			
Complete the following or attach resume.			
LifePath embraces diversity and upholds EEOC/			
exclude volunteers based on education or work e	experience. All volunteer placements		
are subject to acceptable CORI.			
Education:			
Work Experience:			
Please list any allergies that may affect your volume	nteer service		

Volur	nteer Experience:		
Refer	rences:		
1.	Name:		
	Phone:	Email:	
2.	Name:		
	Phone:	Email:	
3.			
	Phone:	Email:	
		mpleted application by fax; 413- reenfield, MA 01301 or email to b	
Plea	ase let us know which p	rogram you would like to vol	lunteer for?
	Ombudsman	Money Mgt	Board or Advisory Board
	Rides for Health	SHINE	Gen office volunteer
	Meals on Wheels	Benefits Counseling	Other
	Congregate Dining	Healthy Living	
		For office use only	
	Received:	Agreement:	
	Interviewed:	Trained:	
	References:	Matched:	