



POSITIVE ACTION AGAINST CHEMICAL ADDICTION, INC

360 Coggeshall St.
New Bedford, MA 02746
Voice = 508.979.1580
Facsimile = 508.991.6233

Web = www.insightyouthservices.org

VOLUNTEER / INTERNSHIP APPLICATION

PLEASE PRINT

Please check one: <input type="checkbox"/> General Volunteer <input type="checkbox"/> Internship <input type="checkbox"/> Work Study	Today's Date
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Last Name	First Name	Middle Name
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Street	City	State	Zip Code
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Telephone (s)	Land:	Cell:
Email Address:		
Date of Birth: ___/___/_____		Security Number: ___-___-_____

Are you interested in:		
<input type="checkbox"/> Adult Treatment Services	<input type="checkbox"/> Clinical Support	<input type="checkbox"/> Other Adult Services
<input type="checkbox"/> Tutoring/GED	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Afterschool Programming
<input type="checkbox"/> Youth Court	<input type="checkbox"/> Other	

Emergency Contact Data:	
Name: _____	Relationship: _____
Phone: _____	Address: _____

Date available for service: _____ / _____ / _____

Availability

Full-time

Part-time (Please list days and times available; mornings, afternoons, evenings and weekend opportunities)

Temporary (Dates available: _____ to _____)

Have you ever filed an application with us before? _____ yes _____ no

If Yes, give date: _____

Have you ever been associated with us before in any other capacity? _____ yes _____ no

If Yes, give date: _____

Do you have any friends or relatives that currently or previously worked or volunteered for us before? _____ yes _____ no

If Yes, state name, relationship and location: _____

Have you ever been convicted of a felony? _____ yes _____ no

[Answering yes to this question does not necessarily disqualify you; however a CORI background check will be completed if you are selected.]

If yes, please explain:

Are you currently on probation or parole? _____ yes _____ no

If yes, please explain:

Do you have a valid driver's license? _____ yes _____ no

If yes, what state: _____

Do you have transportation to service sites? _____ yes _____ no

EDUCATION

Name and address of school	Course of Study	Years Completed	Diploma/ Degree Attained
Elementary:			
High School:			
College/University:			
Graduate School:			
Other (Specify):			

WORK EXPERIENCE

(Starting with your most recent employer)

Employer Name, Address, Phone	Dates Employed	Work Performed	Are you currently employed?
Starting Job Title	Present Job Title	Supervisor	
Employer Name, Address, Phone	Dates Employed	Work Performed	Are you currently employed?
Starting Job Title	Present Job Title	Supervisor	
Employer Name, Address, Phone	Dates Employed	Work Performed	Are you currently employed?
Starting Job Title	Present Job Title	Supervisor	

May we contact your current employer? _____ yes _____ no

Please describe any specialized training, alternative languages spoken, extra-curricular activities and any other information that will be helpful in our decision making process:

VOLUNTEER'S STATEMENT

- ~ I certify that the answers given herein are true and complete.
- ~ I authorize investigation of all statements contained in this application as may be necessary in arriving at an acceptance decision.
- ~ I understand that false or misleading information given in my application or interview(s) may result in termination of the relationship. I understand, also, that I am obliged to abide by all rules and regulations of the organization including the drug free workplace policy and random drug testing.
- ~ I understand that my association will be considered temporary until my CORI is received and reviewed.

Signature of Applicant	Date
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