



## HORIZONS FOR HOMELESS CHILDREN

### Horizons for Homeless Children Volunteer Application Form

Thank you for your interest in volunteering with Horizons for Homeless Children.

Please fill out the application below and return all three pages to the office in which you are interested in volunteering. A member of our Playspace Programs will be in touch soon.

#### Which area are you interested in volunteering?

***Greater Boston***

Please complete and return to: Fax: 617.522.9910 or mail to:

Horizons for Homeless Children, Volunteering, 1705 Columbus Avenue, Roxbury, MA 02119

***Central Region (Worcester County, Framingham, Leominster, and surrounding areas)***

Please complete and return to: Fax: 508.755.3485 or mail to:

Horizons for Homeless Children, 74 Elm Street, Worcester, MA 01609

***Northeast Region (Lawrence, Lynn, Peabody, Haverhill, Gloucester, Lowell and surrounding area)***

Please complete and return to: Fax: 978.557.2184 or mail to:

Horizons for Homeless Children, 60 Island Street, Lawrence, MA 01840

***Southeast Region (South Shore, Cape Cod and Southeast coastal communities)***

Please complete and return to: Fax: 508.510.5243 or mail to:

Horizons for Homeless Children, 234 West Center Street, Suite 15, West Bridgewater, MA 02379

***Western Region (Holyoke, Springfield, Pittsfield, Northampton and surrounding area)***

Please complete and return to: Fax: 413.455.3285 or mail to:

Horizons for Homeless Children, 425 Union Street, West Springfield, MA 01089

## **Section 1 of 4 | The Basics**

**Volunteer Commitment:** Do you have at least two hours a week (Monday – Friday) to volunteer, and can you commit to volunteering for at least six months?

Yes  No

**How did you learn about Horizons for Homeless Children?** - Check all that apply and provide specific source.

- Radio \_\_\_\_\_
- TV \_\_\_\_\_
- Newspaper Advertisement \_\_\_\_\_
- Newspaper Story \_\_\_\_\_
- Ad on Subway or Bus \_\_\_\_\_
- Billboard \_\_\_\_\_
- Brochure/Flyer \_\_\_\_\_
- Event/Volunteer Fair \_\_\_\_\_
- Website \_\_\_\_\_
- Word of Mouth \_\_\_\_\_
- Other \_\_\_\_\_

## **Section 2 of 4 | Contact Information**

### **Contact Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Mobile # \_\_\_\_\_

Personal Email Address \_\_\_\_\_

Work Email Address \_\_\_\_\_

### **In case of emergency please contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

## **Section 3 of 4 | Personal Information**

**Date of Birth** \_\_\_\_\_ **Gender** \_\_\_\_\_

### **Ethnicity:**

*Horizons for Homeless Children is required to maintain records for reporting to state and federal funding agencies. Please check one.*

- African American  Native American  West Indian/Caribbean  Caucasian  Latino
- Asian/Pacific Islander  Other (specify) \_\_\_\_\_  Prefer Not to Answer

**What language(s), other than English, do you speak fluently?** \_\_\_\_\_

### **Employment Status:**

- Employed  Student  Retired  Other

Company/Organization/School \_\_\_\_\_

Company/Organization/School Address \_\_\_\_\_

## **Section 4 of 4 | Volunteer Details**

**Do you volunteer with any other organizations? If so, please list them.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References:**

*Please list the names and daytime phone numbers of two references. List at least one professional reference, and one reference who has seen you interact with children (not a family member).*

<b>Name</b> _____	<b>Phone</b> _____	<b>Relationship</b> _____
<b>Name</b> _____	<b>Phone</b> _____	<b>Relationship</b> _____

**Which Playspace training will you attend, pending space availability?** \_\_\_\_\_  
*Visit our website or call your regional office for available training dates*

**Why would you like to work on behalf of homeless children?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What do you hope to gain from this volunteer experience?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Experience:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Although not required, do you have any experience with homelessness or “at risk” children?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What challenges do you expect in volunteering with us?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is there additional information you would like to let us know?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Central Region**  
74 Elm St, Worcester, MA 01609  
Phone: 508.755.2615  
Fax: 506.755.3485

**Greater Boston Region**  
555 Amory St, Jamaica Plain, MA 02130  
Phone: 617.553.5480  
Fax: 617.522.9910

**Northeast Region**  
60 Island St, Lawrence, MA 01840  
Phone: 978.557.2182  
Fax: 978.557.2184

**Southeast Region**  
234 West Center St, Suite 15, W. Bridgewater, MA 02379  
Phone: 508.510.3250  
Fax: 508.510.5243

**Western Region**  
425 Union Street, West Springfield, MA 01089  
Phone: 413.532.0467  
Fax: 413.455.3285