



59 E. Militia Heights Drive Needham, MA 02492 | (781) 972-1000

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

Parent/Guardian if under 18

Date

Name of Program to volunteer at

Date (s) of program

