



2006-2007

Volunteer Application

Name: _____

Address: _____ Apt # _____

City _____ State _____ Zip _____

Phone(w): _____ (h) _____ (cell) _____

Email: _____

Would you prefer us to contact you by phone, or by email? Phone _____ Email _____

Have you volunteered for SquashBusters before? If yes, please explain.

Are you interested in volunteering for: Squash _____ Academics _____

Please describe any previous volunteer experience.

Why do you want to be a volunteer at SquashBusters?

Are you available to volunteer during weekday afternoons? _____

Are you available to volunteer on Saturdays? _____

For research purposes only (optional): what is your ethnicity?

Hispanic _____ Caucasian _____ African American _____ Asian _____ Other _____

It is state law that we perform background checks on all our volunteers. Do we have your permission to perform a background check? If yes, please sign the attached CORI form and return it with this form to Derek.

Signature

Date

Thank you for completing this form. Please mail both forms back to: SquashBusters, Att: Volunteers, 795 Columbus Ave, Roxbury Crossing, MA 02120. You will hear from Derek within a week to discuss your mandatory volunteer training.