



Volunteer Application Form

Name: _____ Date: _____
(Last) (First)

Address: _____
(Home)

Address: _____
(Mail)

Telephone: _____
(Home) (Work)

_____ (Cell) _____ (E-mail)

Education: School: _____ Field of Study: _____

Employer's Name: _____ f/t p/t retired

Student: f/t p/t Name of School: _____

Special Skills: _____

Past volunteer experiences: _____

Foreign Language: _____ Fluency level: _____

Reference (one name, contact phone number, and relationship): _____

Emergency Contact: _____
(Name) (Phone) (Relationship)

I'm interested in helping with:

Clinical staff:

- Dental (License type: _____)
- Medical (License type: _____)
- Mental health (License type: _____)
- Optometry (License type: _____)
- Other (License type: _____)

Lay staff:

- Administrative and computer support
- Case management
- Fundraising / events
- Interpretation (language): _____
- Outreach
- Patient transportation
- Other: _____

May we include your name in: Our web site Our facebook page Our newsletter

Please attach resume.

How did you hear about VIM Berkshires? _____

Please return to: Eleanore Velez, Volunteer Manager, VIM Berkshires, 777 S. Main Street Suite 4, Great Barrington, MA 01230 credentialing@vimberkshires.org