

**Montachusett Veterans Outreach Center (MVOC)**

**MVOC Volunteer Application**

*An equal Opportunity Employer*

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_  
Last First Middle Initial

CURRENT ADDRESS: \_\_\_\_\_  
Street City State/Zip

TELEPHONE #: \_\_\_\_\_ OTHER #: \_\_\_\_\_

ARE YOU 16 YEARS OF AGE OR OLDER: \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU ELIGIBLE TO BE EMPLOYED IN THIS COUNTRY: \_\_\_\_\_ YES \_\_\_\_\_ NO  
(Either through a Visa or Immigrant Alien Card)

POSSIBLE START DATE: \_\_\_\_\_ CURRENTLY EMPLOYED: \_\_\_\_\_ YES \_\_\_\_\_ NO

MAY WE CONTACT YOUR CURRENT EMPLOYER: \_\_\_\_\_ YES \_\_\_\_\_ NO

CURRENT EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

WERE YOU REFERRED TO US: \_\_\_\_\_ YES \_\_\_\_\_ NO BY WHOM: \_\_\_\_\_

| EDUCATION        | NAME & LOCATION | YEAR GRADUATED | MAJOR |
|------------------|-----------------|----------------|-------|
| HIGH SCHOOL      |                 |                |       |
| COLLEGE          |                 |                |       |
| OTHER<br>(_____) |                 |                |       |

**SPECIFIC INTERESTS:** \_\_\_\_\_  
\_\_\_\_\_

**MVOC FUNCTION(S) BEST SUITED FOR YOUR VOLUNTEER TIME: Please Circle**

Food Pantry Reception/Administration Maintenance Data Entry Cleaning

Professional (please list): \_\_\_\_\_

**REFERENCES – PROVIDE THREE PEOPLE NOT RELATED TO YOU THAT YOU HAVE KNOWN AT LEAST ONE YEAR**

| NAME | ADDRESS | RELATIONSHIP | YEARS KNOWN |
|------|---------|--------------|-------------|
|      |         |              |             |
|      |         |              |             |
|      |         |              |             |

**COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY NOTIFICATION:**

Name/Address \_\_\_\_\_  
Phone # \_\_\_\_\_

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected. In consideration of my volunteering, I agree to conform to the company's rules and regulations, and I agree that I can be terminated, with or without cause, or with or without notice, at any time, at either my or the company's option. I also understand and agree that these terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than the Executive Director, and then only when in writing and signed by the Executive Director, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Additional Information Applicant Would Like To Provide: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Select as Volunteer: \_\_\_\_\_ Yes \_\_\_\_\_ No