

MASSACHUSETTS MONEY MANAGEMENT PROGRAM VOLUNTEER APPLICATION FORM

<p>Return to:</p> <hr/> <p>Program Manager _____</p> <hr/> <p>Local Sponsoring Agency South Shore Elder Services, Inc.</p> <hr/> <p>Address 1515 Washington Street Braintree, MA 02184</p>	<p style="text-align: center;">OFFICE USE ONLY</p> <p>Date Received _____</p> <p>Interviewed _____</p> <p>References Checked _____</p> <p>Trained _____</p> <p>CORI _____</p> <p>Matched _____</p>
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PERSONAL: (This information is requested to help us better match people with similar background experiences and interests, and is available only to our staff.)

Name _____

Address _____

Phone _____

(Home)

(Office)

(Cell)

(Email)

Profession/Type of Work Experience: _____

Are you currently: Employed full time _____ Part Time _____

Current Employer /Address/Telephone: _____

Seeking employment _____ Retired _____

Please describe your *volunteer* experience; include any service or charitable organizations whose activities may relate to this job.

Organization /Date

Responsibilities

How did you hear of this program? _____

What interests you about being a Money Management Volunteer? _____

EDUCATION/INTERESTS

What is the highest level of education you have attained?

High School _____ College/other post high school education _____ advanced degree _____

Do you have any educational or life experiences that would be helpful for this job? _____

What are your interests, hobbies, activities, etc.? _____

What kind of client are you interested in working with? (Check all that apply)

male female

handicapped: ___ mentally ___ physically

individual in group care individual with drug or alcohol problem homeless

Geographic Preference _____

Do you speak any foreign languages? _____

When would you prefer to visit clients? Weekdays (___ / ___) weekends ___ evenings ___
a.m. p.m.

What form of transportation do you usually use? Drive own car ___ Name of insurance carrier _____ Policy# _____ rely on others _____
use public transportation _____

Have you ever been convicted of a felony or denied bond? No _____ Yes _____

Are you willing to undergo a Criminal Offender Record Investigation (CORI) and a police background check? _____

In addition to, or instead of becoming a Money Manager, would you be willing to provide help in one or more areas listed below?

If yes, please check:

- Provide temporary help to a volunteer on leave or vacation.
- Assist with volunteer recruitment in your area.
- Provide general office assistance (Office Aide position).
- Monitor bill payer's work with client accounts (Monitor position).

In case of an emergency, please contact: _____ Phone _____

LOCAL REFERENCES

Please list the names and addresses of three references (not related), one of which is a professional contact; for example, teacher, minister, employer, etc. A phone call will be made or a reference letter will be sent from this office, so full addresses are necessary.

Name _____
 Address _____
 Telephone _____
 (Home) (Office)

Name _____
 Address _____
 Telephone _____
 (Home) (Office)

Name _____
 Address _____
 Telephone _____
 (Home) (Office)

Volunteers are asked to make a renewable one-year commitment to this job. Barring unexpected emergencies, are you willing and able to commit to the full one-year term of this program?

_____ (yes/no)

Please use reverse of form if you wish to include any other information in this application.

I understand that the references listed above will be contacted and that the sponsoring agency will do a records check on qualified applicants. I consent to the release of all relevant information concerning my ability and fitness to work as a Money Management volunteer. I certify that the information given herein is accurate to the best of my knowledge. I understand this information will be held in confidence and not released to another person or agency.

Signature _____ Date _____