OCES Providing services to the community since 1974

VOLUNTEER APPLICATION

Return to: OCES Attn: Volunteer Coordinator 144 Main Street Brockton MA 02301	OFFICE USE ONLY Date Received _____ Interviewed _____ CORI/NSOPW _____ Matched/Trained _____ Registration Date _____

Name _____

Address _____

Phone _____ _____ _____
(Home) (Cell/Work) (Email)

Date of birth _____ Are you a veteran? Yes, _____ No _____

Gender
Are you? Male ____ Female ____ Other ____

Providing your ethnicity/race is strictly voluntary. This information is used for statistical purposes only.

What is your Race? American Indian/Alaskan Native _____ Asian _____Black/African American ____
Native Hawaiian/Pacific Island _____ White _____ Hispanic/Latino_____

In case of an emergency, please contact (Name) _____ (Phone)_____

Relationship _____

I understand that I am not an employee of OCES and as such, a record check on qualified applicants will be performed. I consent to the release of all relevant information concerning my ability and fitness to work as a volunteer. If using my vehicle while volunteering, I will maintain a current driver's license and automobile liability insurance at least equal to that required by the Commonwealth of Massachusetts.
I certify that the information given herein is accurate to the best of my knowledge.

What volunteer programs are you interested in working with? (Check all that apply)
☐ Medical Transportation ☐ OCES Money Management Program ☐ "Meals on Wheels" Driver

☐ Meal Site Assistance ☐ OCES Healthy Living Education Program ☐Other _____

Signature_____ Date_____

*** Please attach a copy of your Photo ID for verification***