



Volunteer Application

Personal Information

Date:

Name: _____

Address: _____

(City/State)

(Zip Code)

Phone: () _____

If you consent to communication via e-mail, please list your email address below:

How did you learn of Boston Sensory Solutions. LLC as a potential volunteer placement?

Education

Please include schools, majors, degrees, and years

| School | Major | Degree | Years |
|--------|-------|--------|-------|
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Work Experience

| Place of Employment | Position | Dates | Responsibilities |
|---------------------|----------|-------|------------------|
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Present and Previous Volunteer Experience

| Location | Dates | Responsibilities |
|----------|-------|------------------|
| | | |
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| | | |

Please list any special skills:

Intent of Volunteering

Please provide a short description explaining why you would like to volunteer at Boston Sensory Solutions. LLC.

Availability

Please list your availability for volunteering or shadowing. Please note, weekend and evening hours are typically needed for volunteer positions.

Days:

Times:

Length of volunteering (# of weeks):

When are you able to begin volunteering?

What is your end date?

Volunteer Agreement:

Please read carefully before signing. If you have any questions regarding the following statement, please contact Jessica Cullinan McKenna (jessica@bostonsensorysolutions.com)

Receipt of this application and the granting of an interview does not imply that the applicant will be accepted to volunteer.

I hereby affirm that the information provided by me on this application (any my accompanying resume, if any) is true and complete and I understand that any false information or material omission of fact may disqualify me for further consideration for volunteering and may be considered justification for dismissal if discovered at a later date. I understand volunteering in conditional upon satisfactory replies from my references and contingent upon Owner's discretion and an interview. I understand that volunteering is at will and may be terminated by me or Boston Sensory Solutions. LLC at any time.

I authorize persons, schools, current employer (if applicable) and previous employers and organizations named on this application (or accompanying resume, if any) to provide Boston Sensory Solutions. LLC with any relevant information which may be required to arrive at the decision for volunteering and I voluntarily release such persons, schools, employers, and organizations from all liability for providing such information. I release and indemnify Boston Sensory Solutions. LLC against any liability which may result from requesting such information.

Signature

Date