



United South End Settlements
Intern/Volunteer Application

Application Date __/__/____

First Name _____ Last Name _____ Date of Birth __/__/____

Preferred Name (nickname) _____

Address _____ Zip Code _____

E-mail address _____

Gender: ___ Male ___ Female

Race/Ethnicity (for statistical purposes only) _____

Primary Phone _____ Secondary Phone _____

How did you hear about USES? _____

Have you volunteered with us in the past? _____

Emergency Contact _____ Relation _____

Phone _____ E-mail address _____

Are you currently working? ___ Yes ___ No

When can you begin? __/__/____

Availability (Indicate all available times with a check)

	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings (8:00am-12:00pm)					
Afternoon (12:00pm-4:00pm)					
Evening (4:00pm-8:00pm)					

How many hours a week would you like to volunteer? _____

Are you willing to commit to at least 6 months of community service? _____

If you have any questions regarding this application, contact Heather Kaufmann at hkaufmann@uses.org

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Education:

	Name and Location	Year of Graduation	Major/ Area of study
High School			
College or University			
Specialized Training			
Other Education			

Special Interests/Skills

Type of volunteer/internship opportunity sought (indicate 1st, 2nd, and 3rd choice)

Early Childhood	Children/Youth	Arts (children/youth)
Arts & Culture	Adult Education	Senior Services
Administrative	Finance/Accounting	Facilities/Maintenance
Data Entry	Photography	Fundraising
Community Engagement	Marketing/Communications	

If adult education is your preferable placement, in which areas do you feel most comfortable tutoring? (Mark all that apply)

___ Math ___ Computer Skills ___ Science ___ Social Studies
___ Reading ___ Writing ___ English (as Second Language)

References

Name	Title	Company	Phone

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If this is an internship, complete the following:

College/University _____ What year in college are you? _____

What is your major? _____

This internship is for:

Academic Credit Career Exploration Co-op Other

Contact/Advisor _____ Title _____

Phone _____ E-mail _____

Internship requirements:

Number of weeks _____ Days per week _____ Hours per week _____

When should the internship start? __/__/____ When will it end? __/__/____

Are site visits required? Yes No

Is a written contract required? Yes No

Other requirements: _____

To submit, email to volunteers@uses.org or drop off at 48 Rutland St, Boston Ma 02118

To be completed by volunteer coordinator/supervisor.

Department _____

Supervisor _____

Start Date __/__/____ Anticipated End Date __/__/____

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