



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 8am - 12pm					
Afternoon 12pm - 4pm					
Evening 4pm - 8pm					

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](mailto: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

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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	

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

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: \_\_\_\_\_

**Please save your completed form and then e-mail it to [volunteers@uses.org](mailto:volunteers@uses.org).**

**You may also drop off your form 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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