



## VOLUNTEER APPLICATION

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street City/Town State/Zip Code

Contact Information: \_\_\_\_\_  
Home Phone Cell Phone Email Address

EDUCATIONAL BACKGROUND					
	School	Location	Major	Degree/Diploma	Date Received
<i>High School</i>					
<i>College</i>					
<i>Other</i>					

WORK EXPERIENCE:				
List most recent first – include any other work done on a volunteer basis				
From	To	Firm, Institution, etc.	Nature of Work	Number of months

REFERENCES:			
Give names of those who have closely observed your work as an employee or student.			
Name	Position	Company/Institution	Phone Number

Signature of

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Quincy Public Schools does not discriminate on the basis of gender identity, race, color, sex, sexual orientation, gender identity, religion, national origin, or handicap, in its educational activities or employment practices.

Please mail or submit your application to:

Quincy Public Schools  
Personnel  
34 Coddington Street  
Quincy, MA 02169

**FOR OFFICE USE ONLY**

Review of Application

CORI

Fingerprints