



Date of Interview \_\_\_\_\_

Date of Orientation: \_\_\_\_\_

## VOLUNTEER/INTERN APPLICATION

Name: \_\_\_\_\_ Referred by: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact Name and Phone#: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Why are you interested in volunteering/interning with NEHD? Include if this is for a school internship or school community service, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If this is for a school internship, please provide the name of the school and advisor name and contact information: \_\_\_\_\_

What do you hope to gain from your experience at NEHD? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What previous experience, if any, have you had with NEHD? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How many hours per week do you want to volunteer/intern and for what period of time? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please indicate the days and times that you will be available to volunteer/intern?

DAYS	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday/Sunday
HOURS						

What skills, training, or knowledge do you have that will assist in volunteering/interning? \_\_\_\_\_

Please indicate the kind of activities you would be willing to do:

1:1's    arts&crafts    socializing    ballgames    leading group activities    light clerical work  
Assisting group activities    cards    boardgames    wordgames    Wii    assist in organization

Are you fluent in American Sign Language?    \_\_\_\_ YES    \_\_\_\_ NO

If not, are you currently in a sign language class or program?    \_\_\_\_ YES    \_\_\_\_ NO

**Please provide 3 references that are not related to you:**

**Name, Relationship, Daytime Phone, Email Address**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Please read the following carefully before signing this application:**

I understand that this is an application for and not a commitment or promise of volunteer/intern opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer/intern position and in interviews with NEHD that is true, correct, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer/intern position. I understand that information contained on my application will be verified by NEHD. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a position with NEHD or my termination as a volunteer/intern.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New England Homes for the Deaf, Inc.

154 Water Street

Danvers, MA 01923

Jessica Dupont, Activities Director

[jdupont@nehd.org](mailto:jdupont@nehd.org)

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## CORI REQUEST FORM

New England Homes for the Deaf has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant, employee, or volunteer (circle which), I understand that a criminal record check will be conducted. The results will not automatically disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant/Employee/Volunteer Signature                      Date

Supervisor in charge of hiring: \_\_\_\_\_

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### Applicant/Employee/Volunteer Information (Please Print Clearly)

\_\_\_\_\_  
\*Last Name                      \* First Name                      Middle Name

\_\_\_\_\_  
Maiden Name or Alias (if applicable)                      \*Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Place of Birth: \_\_\_\_\_                      \*Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's full name (*including maiden name*): \_\_\_\_\_

Former and Current Addresses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_ FT \_\_\_\_ INS. Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

State Driver's License Number: \_\_\_\_\_

\*\*\*The above information was verified by reviewing the following form of government issued photographic identification: \_\_\_\_\_

Requested By: \_\_\_\_\_  
Signature of CORI Authorized Administrator

\*(Indicates information that **must** be filled in to file the CORI.)

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### NURSE AIDE REGISTRY CHECK

Have you worked as a CNA or Nurse in another state \_\_\_ yes \_\_\_ no. If so, what state? \_\_\_\_\_

Results: \_\_\_\_\_ Date: \_\_\_\_\_ Conducted By: \_\_\_\_\_

Revised: 2/2018



**OIG, NSOR Check and Release Verification Form**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

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**(NEHD use only – do not write below this line.)**

**Search Results**

\_\_\_\_\_ **No Results Found**

\_\_\_\_\_ **Record Found**

**Signature of Person Completing the Search** \_\_\_\_\_

**Date:** \_\_\_\_\_

**The OIG Exclusions database and National Sex Offender Registry are searched prior to acceptance of any application or execution of contract. File the completed form in the applicant's file or with an executed contract.**

**Updated 2/2018**