



City of Malden  
200 Pleasant Street  
Malden, MA 02148

Joe Levine  
Recreation Coordinator  
Malden Recreation Department  
781-397-7168  
(C) 781-589-2903  
[jlevine@cityofmalden.org](mailto:jlevine@cityofmalden.org)

[www.cityofmalden.org](http://www.cityofmalden.org)

## VOLUNTEER APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (email) \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

WORK EXPERIENCE: \_\_\_\_\_

VOLUNTEER EXPERIENCE: \_\_\_\_\_

SPECIAL TRAINING/SKILLS/HOBBIES: \_\_\_\_\_

GROUPS/CLUBS/ORGANIZATION MEMBERSHIPS: \_\_\_\_\_

WHEN ARE YOU ABLE TO VOLUNTEER: \_\_\_\_\_

HOW MANY HOURS PER WEEK ARE YOU WILLING TO VOLUNTEER: \_\_\_\_\_

REASON FOR VOLUNTEERING: \_\_\_\_\_

PLEASE LIST THREE (3) PERSONAL REFERENCES WITH ADDRESS AND PHONE NUMBERS:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I ATTEST THAT THE ABOVE INFORMATION IS ACCURATE.

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

ALL PERSONAL INFORMATION WILL BE KEPT CONFIDENTIAL  
A CORI CHECK WILL BE DONE BEFORE ANY VOLUNTEER ACTIVITY OCCURS