



Partners In Health - Volunteer Application
888 Commonwealth Ave., 3rd Floor
Boston, MA 02215

Please complete and return to Volunteer@pih.org or mail to the above address.

Date: _____

Name: _____

Home Address: _____
(street) (city/town) (state) (zip)

Phone #'s: (h) _____ (w)- _____ (cell) _____

E-mail: _____

Occupation / Place of employment: _____

Education / Degree: _____

Where did you hear about PIH?: _____

What languages do you speak?: _____

Is there a specific capacity in which you'd like to serve? What kind of work would you like to do with Partners In Health?

Please list any specific skills, talents or areas of interest that may be helpful to you in your work with PIH (certifications, experience, etc.).

*Note: In addition, a resume is welcome, but not required

Have you had any past volunteer experience? If yes, please describe.

If you are interested in volunteering in the Boston offices:

How many hours a week can you commit to volunteering for?: _____

Are there specific days when you are NOT available?: _____

Please list two references, at least one of them professional, if possible.

Name: _____

Phone #'s: (h) _____ (w) _____ (cell) _____

What is this person's personal and/or professional relationship to you?: _____

Name: _____

Phone #'s: (h) _____ (w) _____ (cell) _____

What is this person's personal and/or professional relationship to you?: _____

Why do you want to volunteer with Partners In Health?