



**Partners In Health - Volunteer Application**  
**888 Commonwealth Avenue, 3rd Floor**  
**Boston, MA 02215**

Please complete and return to [Volunteer@pih.org](mailto:Volunteer@pih.org) or mail to the above address.

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?: \_\_\_\_\_

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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?

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

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

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

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**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?: \_\_\_\_\_

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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?

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