



# Volunteer Program Guidelines

## How to become a Volunteer:

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**1. Submit an application:** Complete the attached application. Please indicate which program you would like to volunteer for and send the completed application to:

**MAPS Cambridge, 1046 Cambridge Street, Cambridge, MA 02139, Attention: Volunteer Program**

**2. Work/Personal References:** It is important that potential volunteers be fully screened. Please submit the names of two current or former employers whom we may contact. If you have not lived in the US long enough or do not have a work history, you may submit personal references.

**3. Interview:** As a part of the process of becoming a MAPS volunteer, you will be invited to meet with the Division Director and/or Program Coordinator to discuss your interests.

**4. Agency Approval:** Within two weeks of your interview, MAPS will notify you in writing of your status as a volunteer.\*

## Volunteer Training and Evaluation

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**5. Training:** Once the above four steps are completed, you will be required to attend a two (2)-hour volunteer orientation training. This will include the following:

- a) Introduction to MAPS: history of agency, description of programs & services and benefits.
- b) Introduction to volunteerism; issues of confidentiality.
- c) Overview of job description - Hands-on-training.

**6. Volunteer Work:** You will develop a weekly schedule with supervisor.

- The part-time Volunteer (PT) - minimum of 2 to 4 hours/week for at least a period of two (2) months.
- The full-time Volunteer (FT) - 5 to 10 hours/week for a period of four (4) months at a time.

**7. Volunteer Evaluation:** All volunteers are subject to a work performance evaluation. At the end of two months, for part time-volunteers, and four months for full-time volunteers, the quality of your volunteer work will be evaluated by your immediate supervisor. This evaluation will determinate whether you will continue in your volunteer position at MAPS.

## Advantages of Volunteering

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- Experience in health and human services, including organizational, programmatic, computer, clerical and presentation skills.
- Resume development.
- Future employment opportunities.
- Networking opportunities.
- The following MAPS services free of charges: ESOL classes, Citizenship classes, Portuguese classes.
- Attendance at MAPS-sponsored training.
- Paid training, subject to availability of funds, after 80 hours of volunteer service.
- Paid certification training, subject to availability of funds, after 80 hours of volunteer service.
- MAPS Volunteer Certificate of Dedicated Service is presented at the Annual Meeting to those volunteers who contribute 120 hours.

\*All MAPS volunteers must undergo a "CORI" criminal background check before being approved for their volunteer positions.



# Volunteer Profile & Agreement Form

Name.....Date.....  
Address.....  
Home Telephone (    )..... Work Telephone:(    ).....  
Cell Phone (    ) ..... Email.....  
Languages Spoken..... Ethnicity.....  
Male (    ) Female (    ) Other/ Non-Binary (    ) Date of Birth.....  
Whom to contact in case of emergency: .....  
Relationship.....Tel (    ).....

\* \* \*

## Areas of Volunteer Interest: (Please mark an "X" next to your choice/s)

Citizenship Assistance \_\_\_\_  
HIV/STI Services \_\_\_\_  
Senior Center \_\_\_\_  
Fundraising/ Gala \_\_\_\_

Office/Clerical \_\_\_\_  
Publicity \_\_\_\_  
Other \_\_\_\_  
\_\_\_\_\_

\* \* \*

## How did you find out about volunteer opportunities at MAPS?

\_\_\_\_\_

## When are you available to volunteer? (Check all that apply)

Mornings \_\_\_\_ Afternoons \_\_\_\_

## How many hours can you volunteer?

2-4 hours per week \_\_\_\_ 5 -10 hrs. per week \_\_\_\_ More \_\_\_\_

## VOLUNTEER PROFILE AND AGREEMENT FORM, Page 2

### Educational Background:

School name and address	Degree	Date
1.....	.....	.....
.....	.....	.....
2.....	.....	.....
.....	.....	.....

### Work Experience:

Employer name and address/email	Title	Date
1.....	.....	.....
.....	.....	.....
2.....	.....	.....
.....	.....	.....

### References: (2 personal and one professional)

Name and address/email	Relationship	Telephone
1.....	.....	.....
.....	.....	.....
2.....	.....	.....
.....	.....	.....
3.....	.....	.....
.....	.....	.....

**Volunteer Signature:**..... **Date:**.....

**Comments:** .....  
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**Send to: Volunteer Program, MAPS, One Stoughton St., Dorchester, MA 02125**

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### Do not write below this line (For office use only)

Interviewed by:..... Date:.....

Volunteer is interested in: .....

CORI check completed\_\_\_\_

Volunteer is placed in:..... Date: .....

Signatures:

APPROVED BY:

Program Coordinator:..... Date:.....

Program Director: ..... Date: .....

Executive Director:..... Date:.....