



Application for Summer Volunteers

Academic Student Center, Inc.

Main Office: 1106 Commonwealth Ave, Boston, MA 02215 . (617) 730-3705
Downtown Office: 65 Harrison Ave, 6th Fl, Boston MA 02111 . (617) 338-5288

Name: _____ **D.O.B:** _____ **Grade:** _____

School you go to: _____ **E-mail:** _____

Home Address: _____

Home Phone: _____ **Cell Phone:** _____

Indicate the month, days, and hours you can volunteer for:

July: _____ Days/Hours: _____

August: _____ Days/Hours: _____

Which location you can volunteer for:

Brookline¹: _____ Brookline²: _____ Downtown: _____ Commonwealth: _____
(50 Sewall Ave) (1187 Beacon St) (65 Harrison Ave) (1106 Comm Ave)

Volunteer Experience: _____

References:

Name	
Relationship	
Phone/Email	
How long have you known this person?	

Signature: _____ **Date:** _____