



Volunteer Application

Contact Information

Name (Full Name)	
Street Address	
City, ST, ZIP Code	
Work and/or Cell Number	
E-Mail Address	
Emergency Contact Name	
Emergency Contact Number	

Availability

During which hours are you available for work?	
<u>Weekday</u>	<u>Weekend</u>
Mornings	Mornings
Afternoons	Afternoons
Evenings	Evenings
How many hours are you available per week?	
What times?	

Interests

Tell us in which areas you are interested in working (place check beside interest(s))

Administration

Mentoring

Events

Volunteer Coordination

Families in Action Retreat

Community Outreach

Fundraising

Special Projects

Housing

Child Care (Respite)

Teaching

Other (Please Describe)

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. If you speak another language- please share.

Previous Work Experience

Summarize your previous experience you have working with people with disabilities.

Dietary Needs: _____

Shirt Size: _____ (Adult sizes Small-5XL)

CPR/First Aid Certified? Y N If yes, expiration date: _____ Please provide a copy of the card.

Have you worked with children who have disabilities before? _____

Are you willing to assist with toileting/diaper changes? _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (Printed)

Signature:

Date: