

VOLUNTEER APPLICATION

Applicants are considered for all opportunities without regard to race, color, religion, sex, national origin, age, marital or veteran status or presence of non-job-related medical condition or disability.

Date of Application		Referred by			
Name (Legal First and Last)		Preferred First Name			
Phone		Email			
Street Address					
State		Zip			
Employer (if app	licable)	Job Title	Job Title		
Special skills, trai	ning, interests:				
What experience	es had you have that may prepare	you to work with individ	uals with disabili	ties?	
Why do you wan	t to volunteer?				
What type of act	ivities interest you?				
How frequently	Once	Monthly	Weekly	Not sure	
Preferred Days o	f the Week and Time(s) of Day to	Voluntee <u>r</u>			
	Volunteer Signature		Date		
	Parent/Guardian Signature		Date		