



disABILITY CONNECTIONS, INC

Application for Volunteer Services

Name _____ **Date of Birth** _____
Last First Middle Initial

Address _____ **Home Phone** _____
City State Zip Code **E-mail** _____

Business Address _____ **Work Phone** _____

Prior employment experience:

Occupation/Title	Employer	Years of Experience
_____	_____	_____
_____	_____	_____

List Previous Volunteer Experience:

Organization	Activity/Job Title	Date/Year
_____	_____	_____
_____	_____	_____

List any hobbies or interests that might be helpful with your volunteer work.

Can you read, write or speak fluently a language other than English: ___ Yes ___ No

If yes, please list languages below:

_____ **Speak Fluently ___ Read ___ Write**
_____ **Speak Fluently ___ Read ___ Write**

Please specify the day/s and hour/s (AM or PM) that you would be available to volunteer.

Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ Saturday _____

Please check the type of volunteer work that interests you:

Building Security Attendant ___ Mailing ___
Clerical Work/Typing ___ MIS Disability Transport ___
Computer Donor Program ___ One-on-One Activities ___
Computer Input ___ Planning Committee ___
Correspondence ___ Seasonal Decorations ___
Equipment Repair/Maintenance ___ Sewing/Mending ___
Fund Raising ___ Snow Removal ___
Gardening ___ Teach a Craft ___
Gift Buying (Christmas) ___ Telephoning ___
Helping Friends Together ___
Library Cataloguing ___

As a volunteer, would you like to meet with other volunteers? Monthly ___ Quarterly ___

I, _____ do hereby certify that the above information is accurate.
I will abide to all State and Federal laws when representing disAbility Connections, Inc.

As a volunteer who gives time and effort in these activities, I am willing to have my picture appear in newspapers, magazines or on file which relates to disAbility Connections' volunteers.

Signed _____ Date _____
disAbility Connections Volunteer

Signed _____ Date _____
disAbility Connections Executive Director