VOLUNTEER APPLICATION

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |
| Phone #: |  | Email: |  |
| Address: |  | | |

What is your main objective for volunteering with Ability Central?

Do you have any talents or skills that you would like to share with Ability Central?

What is you availability?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Availability | Monday | Tuesday | Wednesday | Thursday | Friday |
| All day |  |  |  |  |  |
| AM only |  |  |  |  |  |
| PM only |  |  |  |  |  |

Is there any health information of which we should be aware?

Please list the name and phone number of an emergency contact.

Due to the nature of the disabilities of the team members at Ability Central, it is our policy to provide a safe and secure environment. For this reason we ask that you complete the information below. By signing this statement, you agree to the investigation of any and all statements included in this form and declare that they are true and complete. Further, you understand background investigations may be conducted and that any misrepresentation, falsification or willful omission of information contained on this form shall be sufficient reason for refusal of your volunteer services.

|  |  |  |  |
| --- | --- | --- | --- |
| Driver’s License #: |  | Date of Birth: |  |
| Employer: |  | Job Title: |  |
| Have you ever been convicted of a criminal offense other than a minor traffic violation? | | | \_\_\_Yes \_\_\_ No |
| If yes, please explain: | | | |
| Signature: |  | | |