

PERSONAL INFORMATION:

Name: _____
Address: _____
County: _____
Home Phone: _____
Date of Birth: _____
Social Security #: _____
Emergency Contact: (Include name and phone): _____

EMPLOYER:

Employer/Company Name: _____
Occupation: _____
Address: _____
Work Phone: _____
Supervisor: _____
May we contact as a reference? Yes No

AVAILABILITY:

When are you available to volunteer?

	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Mornings:	_____	_____	_____	_____	_____	_____	_____
Afternoon:	_____	_____	_____	_____	_____	_____	_____
Evenings:	_____	_____	_____	_____	_____	_____	_____

EDUCATION:

What is your highest level of education?

Less than Junior High Some High School Some College Specialized Training (specify): _____

Junior High Senior High College Graduate

Are you currently a student? Yes No If yes, where? _____

TRANSPORTATION:

Personal Vehicle Public

Driver's License #: _____ State: _____

Expiration Date: _____

Auto Insurance Company: _____

Policy #: _____

Has your license ever been revoked or suspended? Yes No If yes, why? _____

Have you had more than two points on your license in the past three years? Yes No

REFERRAL:

How were you referred to Residential Support Services

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Another Agency | <input type="checkbox"/> Library | <input type="checkbox"/> School/Teacher |
| <input type="checkbox"/> Business | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Telephone Book |
| <input type="checkbox"/> Church/Synagogue | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Television |
| <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Physician | <input type="checkbox"/> Welcome Wagon |
| <input type="checkbox"/> Fraternal Organization | <input type="checkbox"/> Radio | <input type="checkbox"/> Other _____ |

EXPERIENCE:

Have you ever worked with adults who have Developmental Disabilities? Yes No

How much experience have you had as a Volunteer?

None Some Experienced

List previous Volunteer Experiences (if any): _____

SKILLS/INTERESTS: (Please mark all those that apply)

- | | | | |
|---|---|--|--|
| Arts
<input type="checkbox"/> Arts/Graphics
<input type="checkbox"/> Crafts & Hobbies
<input type="checkbox"/> Fine & Performing Arts
<input type="checkbox"/> Entertainer
<input type="checkbox"/> Photographer | Education
<input type="checkbox"/> Career/Job Training/
Volunteer Training
<input type="checkbox"/> Adult Literacy/Tutor | Miscellaneous
<input type="checkbox"/> Fundraising/
Resource Development
<input type="checkbox"/> Special Events Planning
<input type="checkbox"/> Sports & Recreation | Program Leadership
<input type="checkbox"/> Volunteer Management
<input type="checkbox"/> Board Member
<input type="checkbox"/> Project Coordinator |
| Communication
<input type="checkbox"/> Audio/Visual Systems
<input type="checkbox"/> Grant Writing/Publications
<input type="checkbox"/> Library Systems
<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Public Relations (Publicity)
<input type="checkbox"/> Information &
Referral Systems | Environment
<input type="checkbox"/> Landscaping/
Gardening | Office & Clerical Work
<input type="checkbox"/> Computers
<input type="checkbox"/> Clerical
<input type="checkbox"/> Telephone
<input type="checkbox"/> Receptionist/Greeter
<input type="checkbox"/> Mailings | Social Services and Personal Support
<input type="checkbox"/> Cleaning
<input type="checkbox"/> Driver/Delivery
<input type="checkbox"/> Shopping/Errand Assistance
<input type="checkbox"/> Cooking/Serving
<input type="checkbox"/> Friend/Mentor
<input type="checkbox"/> Handyman
<input type="checkbox"/> Other _____ |
| | Health & Medical Services
<input type="checkbox"/> First Aid/CPR
<input type="checkbox"/> Hospice Care
<input type="checkbox"/> Disabled Services
<input type="checkbox"/> Health Care/Hospital Services | | |
| | Legal Services
<input type="checkbox"/> Victim's Assistance
<input type="checkbox"/> Risk Management | | |

REFERENCES: Please indicate three

Name: _____

Address: _____

Daytime Phone: _____

Relationship: _____

Name: _____

Address: _____

Daytime Phone: _____

Relationship: _____

Name: _____

Address: _____

Daytime Phone: _____

Relationship: _____

Certificate of Application

I hereby certify that all statements made in this application and any attachments to it are true. I understand that any misstatement, misrepresentation or omission of fact may be cause for my application not to be considered; or if I have been a volunteer, may be cause for my immediate dismissal. I authorize the Volunteer Coordinator of Residential Support Services, Inc. or her designee to verify information contained in this application and attachments. I further authorize anyone having such information to release it. I further understand that my volunteer placement is conditional upon completion of criminal, reference and driving record check.

Applicant's Signature _____ **Date** _____

OFFICE USE:

First Interview Date: _____ Orientation: _____ Date Entered: _____

Second Interview Date: _____ Training Checklist Completed: _____

Criminal Check: _____ Certification Completed: _____

Reference Check: _____ Volunteer ID #: _____

PLACEMENT:

Location: _____

Date of Initial Visit: _____

Comments: _____
