

INREACH

Empowering people with disabilities to live life their way

INDIVIDUAL VOLUNTEER APPLICATION

Contact Information

Name:

Street Address:

City, State and Zip Code:

Home Phone:

Work Phone:

E-Mail Address:

Employer:

Availability

When are you available for volunteer assignments?

___ : ___ to ___ : ___ Monday ___ : ___ to ___ : ___ Thursday ___ : ___ to ___ : ___ Sunday

___ : ___ to ___ : ___ Tuesday ___ : ___ to ___ : ___ Friday

___ : ___ to ___ : ___ Wednesday ___ : ___ to ___ : ___ Saturday

Do you receive Waiver services? _____

Do you require supports to complete tasks/assignments? _____

Education

What is your highest level of education? _____

Are you currently a student? _____ If yes where? _____

Areas of Interests and Skills and Abilities

which areas are you best suited to volunteer? Please circle all that apply

Arts: Arts& Graphics, Crafts & Hobbies, Fine& Performing Arts, Photography

Birthday of the Month: Providing birthday cakes to the residents of our group homes

Communication: Audio/Visual, Publications, Publicity

Environment: Gardening, Handyman, etc.

Friend/Mentor

Group Home Volunteer

Group or Faith Community Volunteer

Office or Clerical Work

Special Events

Special Projects

Sports and Recreation

Team Building Projects

Workshop Presenter

Young Affiliates A group of community minded young professionals (35 years and under) holding social and community services opportunities.

Our mission pillars ensure there is a right fit for you!

**** Volunteers who work directly with our program participants are required to complete a criminal background check****

List Special Skills, Qualifications, or Hobbies:

Skills and qualifications can be acquired through employment, previous volunteer work, or other activities such as hobbies or sports. What skills or qualifications do you have as a volunteer?

Languages Spoken: _____

Previous Volunteer Experience

Have you worked as a volunteer before? If so, what did you do?

Explain why you want to be a volunteer with InReach?

Have you ever worked with individuals who have Developmental Disabilities?

Please list Three (3) character references (not related to you)

Name	Address	City	Phone
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Person to Notify in Case of Emergency

Name:

Street Address:

City:

State:

Zip Code:

Home Phone:

Work Phone:

E-Mail Address:

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with InReach.

Agreement and Signature

By submitting this application, I hereby verify 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, maybe cause for my immediate dismissal. I authorize the Volunteer Coordinator of InReach, or their designee to verify information contained in the application and attachments I further authorize anyone having such information to release it. I further understand that my volunteer placement is conditional upon completions of criminal reference and driving record check.

Signature: _____

Date: _____

Please submit this application to:
Kelly Perez
InReach
4530 Park Rd. Charlotte NC 28209
kperez@inreachnc.org

Placement:

Location:

Date of Initial Visit: