



Volunteer Application

General Information

Name: _____ DOB: _____

Address: _____

Phone Number: _____ SS#: _____

Email: _____ DL#: _____

Twitter Handle: _____ Facebook: _____

Does PILC have permission to use photographs of you on our website, blog, or other marketing materials? *Please circle one* Yes or No

Shirt Size: _____ Employer: _____

How did you hear about us: _____

What type of volunteering have you done before: _____

In your own words, Why do you like to volunteer: _____

Why are interested in volunteering for PILC: _____

Do you have any special Hobbies, Skills, or Talents you'd like PILC to utilize: _____

How many hours per month are you able to volunteer: _____

General Availability

	Mornings	Afternoons	Evenings	Nights
Monday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wednesday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thursday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Saturday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

General Interests

Please Circle All that Apply

Special Events	Fundraising	Marketing	Social Media
Training	Recruiting	Administration	Finances
Arts and Crafts	Transporting	Special Projects	Operations
Admin/Clerical	Data Entry	Phone Calls	Community Ed
			Website Mgmt

What prior Experience do you have

Please Mark All that Apply

None	<input type="radio"/>
General Volunteering	<input type="radio"/>
Experience with my own disability	<input type="radio"/>
A family member has a disability	<input type="radio"/>
Worked/volunteered with another organization for disabilities	<input type="radio"/>
Worked/volunteered at a special program for disabilities	<input type="radio"/>
Experience with working with people who have special needs	<input type="radio"/>
Behaviorist/Social Worker/Etc	<input type="radio"/>
Any Experience other relevant experience	<input type="radio"/>

Please describe: _____

Emergency Contact Info

Name: _____

Phone Number: _____

Relationship: _____

Criminal Information History

Excluding traffic violations, have you ever been convicted of a criminal offense?

Please Circle One - Yes of No

Have you been convicted of a felony? Please Circle One - Yes of No

If your answer to either of the previous two questions is yes, explain below:

Volunteer Requirements

- submit an application, which includes signing a Volunteer Agreement and a Release and Waiver of Liability form
- Must be able to pass a Criminal Background Check and a Drug Screening Test
- commit to a minimum of 6 hours of volunteer work per month, no more than 12hrs per week
- Able to interact with individuals with disabilities in a variety of environments
- work independently, but are accountable to Development Director
- if under 18:
 - 15-17 years old – provide a parent waiver after youth and parent have attended volunteer orientation (*youth and parent must each submit an individual online application*)
- attend additional training sessions as required by PILC
- represent themselves and PILC in a professional manner and treat clients, staff, and other volunteers with respect, be a positive role model, have a positive attitude and believe that all people can be successful.

Signature: _____ Date: _____