



Volunteer Application

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: (h) _____ (c) _____ Email: _____

Preferred Contact Method: _____ Birth Date: _____

Current Employer/School: _____ Highest Education Level Completed: _____

Previous work experience: _____

Previous volunteer experience: _____

References (Non-Family)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Certifications:	CPR	Yes	No	Expires _____
	First Aid	Yes	No	Expires _____
	Medication Administration	Yes	No	Expires _____
	Other: _____	Yes	No	Expires _____

Emergency Contact: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: (h) _____ (c) _____

Please list any physical limitations or allergies you may have:

Please check the areas of service preferred:

- Classroom Assistant
- Office Help
- Special Events

- Landscaping Maintenance
- Holiday Projects
- Provide Entertainment

Please list any special skills or interests:

Please check days and list the times you are available to volunteer:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Date available to start: _____

How did you hear about Rainbow Center for Communicative Disorders?

Reason for Volunteering:

School Work Other: _____

Please explain why you have chosen to volunteer at Rainbow Center for Communicative Disorders?

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts for is cause for dismissal. Further, I understand and agree that my volunteering is for a definite period but may, regardless of the date, be terminated at any time without any previous notice.

Volunteer Signature

Date