



## Volunteer application form

Please answer the following questions as completely as possible so that your talents and interests can be matched to activities that will make your time given to us a valuable experience. Thank you!

<b>Last Name</b>	<b>First</b>	<b>MI</b>	<b>Date of Birth</b>	<b>Gender</b> <input type="checkbox"/> M <input type="checkbox"/> F
<b>Address</b>			<b>City, State, Zip</b>	
<b>Email</b>			<b>Home Phone</b>	
			<b>Cell Phone</b>	
<b>Are you employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Are you a student?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Employer:</b> _____ <b>Position/Title:</b> _____			<b>Grade</b> ____ <b>School</b> _____	
<b>I am available</b> <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> mornings <input type="checkbox"/> afternoons <input type="checkbox"/> evenings <b>First date available:</b> _____				
<b>In a few words, please explain why you would like to volunteer with Achievable?</b>				
<b>Are you interested in any particular volunteer position/role?</b>				
<b>What skills, experience or background do you have that might assist you in your volunteer role?</b>				
<b>Volunteer Experience</b> Please list current or previous volunteer activities you have been involved with:				
<b>Name of Volunteer Program</b>		<b>Types of Duties Performed</b>		<b>Date</b>
1.				
2.				
3.				
<b>Do you have any physical or medical condition which would affect your ability to do certain types of work?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes – please specify _____				
<b>Emergency Contact</b> In case of an emergency, who would you like us to notify?				
<b>Name</b>			<b>Relationship</b>	
<b>Address</b>			<b>Phone</b>	
			<b>Email</b>	
<b>References</b> Please provide 1 personal & 1 professional reference. If you have resided in this area for less than 1 year, please provide at least one reference from your previous area of residence. If you are a student, your professional reference can be a teacher.				
<b>Name</b>			<b>City, State</b>	
<b>Phone or E-mail</b>			<b>Relationship</b>	<b>Years Known</b>
<b>Name</b>			<b>City, State</b>	
<b>Phone or E-mail</b>			<b>Relationship</b>	<b>Years Known</b>
<b>Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain below and attach a separate sheet if additional space is necessary.</i>				

Signature \_\_\_\_\_

Date \_\_\_\_\_



**Volunteer Agreement  
Appendix A to Volunteer Application**

As a prospective volunteer/intern (hereafter "Volunteer") with the Achievable Foundation ("Achievable"), or as the parent/legal guardian of a minor/dependent adult who wishes to serve as a Volunteer with Achievable, I understand that compliance with all of the requirements below are mandatory for volunteerism with Achievable:

- Achievable may contact any individuals listed as references for the Volunteer by telephone or email.
- This application in no way obligates the Volunteer to perform services of any kind.
- I hereby authorize Achievable to conduct whatever investigation it may deem necessary with respect to the Volunteer's involvement with Achievable. I do herein affirm under oath and subject to penalties of perjury that the answers and statements provided in the Volunteer Application are, to the best of my knowledge, true, correct, and complete.
- I understand that Achievable takes and uses photos of staff, volunteers and other individuals in a variety of activities for recruiting and promotional purposes. I hereby authorize Achievable to use the Volunteer's name and image to promote Achievable's programs and services, or for other related purposes.
- I certify that the Volunteer carries his/her own health insurance. I will not hold Achievable responsible for any unforeseen injuries to or other problems for the Volunteer that may occur in connection with his/her volunteer participation with Achievable.
- I understand and agree that I must inform an Achievable staff member of any injuries or pre-existing conditions that may affect the Volunteer's ability to safely complete volunteer tasks, including lifting.
- I understand and agree that in the course of volunteer participation with Achievable, the Volunteer will be interacting, either directly or indirectly, with individuals with developmental disabilities, who are a vulnerable population served by Achievable (hereafter the "Achievable Population").
- I understand and agree that the Volunteer may not abuse, neglect, exploit, coerce, manipulate, or retaliate in any way against any member of the Achievable Population.
- I understand and agree that all individuals with developmental disabilities must be treated with dignity, respect and consideration and must not be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability or marital status.
- I understand and agree that the Volunteer may receive from Achievable personal information regarding members of the Achievable Population on an as needed basis. I understand and agree that any such personal information is confidential, and that the Volunteer will not disclose such information to any outside party in written or verbal form, nor in an electronic communication such as email, website posting accessible by the public, etc.
- I understand that the terms listed above are not all-inclusive and may be updated, as needed.

**AGREED TO AND ACCEPTED:**

\_\_\_\_\_  
(Printed Name of Volunteer)

\_\_\_\_\_  
(Signature of Volunteer)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name of Volunteer's Parent or Legal Guardian)

\_\_\_\_\_  
(Relationship to Volunteer)

\_\_\_\_\_  
(Signature of Volunteer's Parent or Legal Guardian)

\_\_\_\_\_  
(Date)