

**PARTNERS FOR COMMUNITY LIVING
Volunteer Application**



Name: _____ Date: _____

Address: _____

_____ City _____ State _____ Zip _____ Social Security _____

Phone: () _____ (home) () _____ (cell)

Email: _____

Previous Volunteer Experience: Please tell us about your experiences, what you enjoyed and what you didn't. _____

Please include special skills and interests you would like to share as a volunteer.

Please check the times you might be available including day of the week and time of the day. Check as many times and days that may fit your schedule.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
morning							
afternoon							
evening							

What, if any, experience, education or skills do you have in working with individuals with intellectual/developmental disabilities? _____

Would you like to be added to our mailing list? _____ Yes _____ No

Personal References

Please list two references (other than family member) who can speak of your general character.

Name: _____ Phone () _____

Name: _____ Phone () _____

In case of emergency contact: _____

Relationship: _____ Phone: () _____

Applicant Signature

Date