

United Disability Services Volunteer Application

Personal Information

Name: _____ Date: _____

Address: _____
Street City State Zip Code

Phone: (____) ____ - ____ Email: _____

Date of Birth: _____ Social Security Number: _____

Education: (circle one) High School College Years Completed: _____ Degree(s): _____

Volunteer Information

Purpose of Volunteering: _____

Number of Hours Needed: _____ Referred by: _____

Days of the week and times available to volunteer:

Day	Monday	Tuesday	Wednesday	Thursday	Friday
From					
To					

Type of volunteer work you would prefer: (check)

with adults office services arts & crafts outdoor activity
 field trips sports music fundraising
 Toy & Resource Center

Locations desired: (check)

701 S Main St Firestone Park Twinsburg Kent

Reference Information

Are you over the age of 18? Yes No If no, parent/guardian approval: _____
Signature Date

Have you ever "plead guilty" or "no contest" to or been convicted of a crime? Yes No

If yes, please provide dates and details: _____

Below list four personal/professional references that we may contact (DO NOT LIST RELATIVES):

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Volunteer's Signature