



**UNITED
ABILITY**

VOLUNTEER APPLICATION

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or presence of non-job-related medical condition or disability.

Date of Application _____

Referred by _____

Name (Legal First and Last) _____

Preferred First Name _____

Phone _____

Email _____

Street Address _____

State _____

Zip _____

Employer (if applicable) _____

Job Title _____

Special skills, training, interests: _____

What experiences had you have that may prepare you to work with individuals with disabilities?

Why do you want to volunteer?

What type of activities interest you?

How frequently Once Monthly Weekly Not sure

Preferred Days of the Week and Time(s) of Day to Volunteer _____

Volunteer Signature

Date

Parent/Guardian Signature
(required for 17 and younger)

Date