



**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 (Preferred First, Last) _____

Preferred Phone _____ E-Mail _____

Address _____

City _____ State _____ Zip _____

Employer _____ Job Title _____

If you would you like us to notify your employer of your volunteer service and achievement, provide contact information:

Special Training, Skills, 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 volunteer work would you like to do? _____

How frequently do you plan to volunteer? One Time Weekly Monthly More than once but not sure

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

Desired Start Date/Month _____

Signature

Date

Please email completed form to Charlotte Russ – cruss@unitedability.org

Additional information or screening may be necessary, depending on assignment. You will be notified before beginning service.

THANK YOU FOR GIFTING YOUR TIME AND ATTENTION TO UNITED ABILITY!