



**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 Katie Overturf – [koverturf@unitedability.org](mailto:koverturf@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!**