



The disAbility Resource Center
 409 Progress Street, Fredericksburg, VA 22401
 540-373-2559, TTY/VP: 540-373-5890,
 Fax: 540-373-8126, www.cildrc.org

VOLUNTEER APPLICATION/INFORMATION (2 pages)

Name of Volunteer: _____ Date: _____

Phone (home) (____) _____ (cell) (____) _____

Mailing address (including zip code): _____

E-mail address: _____ Age (if under age 18) _____

Emergency Contact: _____ Phone: _____ (H), _____ (C)

Place of employment (if applicable): _____ Phone: _____

Organization's address (including zip code): _____

Your Title: _____ Your Duties: _____

Do you need to or are required to work a certain amount of hours? Y N How many hours? _____

Are the hours needed for ___ internship? ___ community service? ___ court mandated? ___ other?

What are your days and times of availability? _____ as needed for special events and projects or

<u>Day</u>	<u>Hours</u>	<u>Day</u>	<u>Hours</u>
Monday	_____	Thursday	_____
Tuesday	_____	Friday	_____
Wednesday	_____	Saturday	_____

Interested in providing the following service (s):

___ Clerical/Copy help ___ Answer phones ___ Events ___ Fundraising ___ Mailings ___ Shredding

___ Window washing ___ Cleaning ___ Lawn work ___ Give presentations

___ Clean/Repair durable medical equipment ___ Other _____

___ Event Chairperson: ___ Wheelchair Tennis Tournament ___ ADA Celebration ___ Disability Information Fair

___ Sibshop Facilitator ___ Christmas Float ___ Other _____

Special knowledge, skills, and training: _____

Your volunteering experience:

Activity

Organization

Date

Signature _____ Date _____