



**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](http://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 \_\_\_\_\_