



# ThisAbility.org

## Volunteer Application

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Name: \_\_\_\_\_ Cell / Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Best Time to Reach You: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

Current Employer, if applicable: \_\_\_\_\_ How Long? \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Supervisor Name & Number: \_\_\_\_\_

Would you like us to keep your employer abreast of your volunteer service and achievement? (please circle) Yes No

### LIST YOUR EMPLOYMENT / TRAINING BACKGROUND

From To	Name & Address	Position	Reason for Leaving
From To			
From To			
From To			

### SKILLS & EXPERIENCE

Special training, skills, hobbies \_\_\_\_\_

Groups, clubs, organizational memberships \_\_\_\_\_

Do you have experience with Microsoft Office Word, Excel, Power Point, Publisher? \_\_\_\_\_ Filing office forms? \_\_\_\_\_

**AVAILABILITY** (check all applicable & list times)

Mornings (M-F) \_\_\_\_\_ Afternoons (M-F) \_\_\_\_\_

Evenings (M-F) \_\_\_\_\_ Weekends \_\_\_\_\_

Do you have any physical limitations? \_\_\_\_\_

**REFERENCES** (please list three people who know you well and can attest to your character, skills, and dependability)

Name / Organization	Relationship	Years Known	Address & Phone Number

Have you ever been convicted of a crime that includes sex-related or child abuse offenses? \_\_\_\_\_

Volunteers who work with children under the age of 18 are required to have a Criminal History check and Child Protective Services Central Registry check. \_\_\_\_\_

**Please read the following carefully before signing this application:**

*I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with ThisAbility.org that is true, correct, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by ThisAbility.org. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with ThisAbility.org or my termination as a volunteer.*

Print Full Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_