



Tara Sample
Founder/President

Janet Triggs
Administrator /
Event Coordinator

804-452-1002
janet@thisability.org

3305 B Oaklawn Blvd., Hopewell, VA

ThisAbility.org Volunteer Application

Application Date _____

Name: _____

Cell: _____

Address: _____

Home: _____

City: _____ State: _____ Zip: _____

Email: _____

EDUCATION

Highest Level of Education _____

EMPLOYMENT

Current Employer, if applicable:

Position/Title _____

Company/Employer _____

Address _____

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

LIST YOUR EMPLOYMENT / TRAINING BACKGROUND

Employer	Position/Major Responsibility	Dates of service (yy/mm)	
		From:	To:
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

SKILLS & EXPERIENCE

Special training, skills, hobbies _____

Groups, clubs, organizational memberships _____

Do you have experience with Microsoft Office Word, Excel, Power Point, Publisher? _____

Do you have experience in filing office forms? _____

Please describe your prior volunteer experience (include organization names and dates of service)

What experiences have you had that may prepare you to work as a volunteer in the field of [description of field, e.g., domestic violence, child abuse prevention, youth recreation, etc.]?

Why do you want to volunteer? [Or, What do you want to gain from this volunteer experience?]

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

Depending on where you would be volunteering would you consent to a background check? _____

Do you have a driver's license? No Yes

Do you have car insurance? No Yes

INTERESTS (in which areas are you best suited to volunteer?)

- Disaster Assistance Playgroups Sports Camps Christmas Program
- Fundraising Workshops Crafts Office Work
- Running Errands

AVAILABILITY Please check all that are Applicable:

- I am Available Mornings (Mon-Fri) Afternoons (Mon-Fri) Evenings (Mon-Fri)
 Weekends Once A Week More than Once a Week
 One Time Only As Needed Other

Do you have any physical limitations? _____

NUMBER OF HOURS AVAILABLE TO VOLUNTEER EACH MONTH:

- 1 – 5 5 – 10 10 – 15 15 - 20 Other: _____

REFERENCES

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name/Organization	Relationship to you	Length of relationship	Phone number

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.

Signature _____ Date _____