

VOLUNTEER APPLICATION

Name _____
Last First Middle

Address _____
Street City State Zip Code

Home Phone No. _____ Work Phone No. _____

Place of Employment/School _____

Date of Birth _____

Hours Available:

Monday Tuesday Wednesday Thursday Friday Saturday
AM _____
Noon _____
PM _____

_____ Year-Round _____ Seasonal

References (one may be a family member and students need a school reference):

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family Physician _____ Phone _____

Limitations Related to Health _____

How did you learn about volunteer services at Abilities First?

_____ Friend/family members
_____ United Way
_____ Other (please specify) _____

VOLUNTEER AGREEMENT

If accepted into the Volunteer Program at Abilities First, I agree to the following:

1. Hold as absolutely confidential all information that I may obtain directly or indirectly concerning clients, client families or staff, and not seek to obtain confidential information from a client. I understand that intentional or involuntary violation of confidentiality may result in disciplinary action, including termination by Abilities First and/or possible legal action by others (i.e. clients, families of clients, etc.).
2. Become familiar with the Abilities First mission and services and uphold its philosophy and standards.
3. Donate my services without expecting compensation or employment.
4. Be punctual and conscientious. Conduct myself with dignity, courtesy and consideration of others. Treat staff and clients in a professional manner.
5. Maintain a well groomed, appropriate appearance.
6. Carry out assignments and seek the assistance of the appropriate Director and/or Manager when necessary.
7. Take any problems, criticisms or suggestions to the Manager of Volunteer Services
8. Adhere to sign-in procedures. Always wear my volunteer badge.
9. Notify Abilities First promptly if I am unable to volunteer.
10. Abide by established Abilities First policies and procedures. This includes the policies and procedures of the volunteer program.

I understand Abilities First reserves the right to terminate my volunteer status as a result of failure to comply with Abilities First policies, rules or regulations; absences without prior notification; unsatisfactory attitude, work or appearance; or any other circumstances which, in the judgement of any Abilities First Director, would make my continued service as a volunteer contrary to the best interests of the organization.

I have read each of the above conditions and agree to be bound by them.

Signature _____

Parent's/Guardian's Signature _____
(If the volunteer is under the age of 18)

Approved: