

LEAP

Linking Employment, Abilities & Potential

VOLUNTEER APPLICATION

General Information

NAME: _____
 ADDRESS: _____
 PHONE: Days: _____ Evenings: _____
 EMAIL: _____
 SCHOOL/ORGANIZATION AFFILIATION: _____
 VOLUNTEER/INTERNSHIP POSITION REQUESTED: _____

How did you hear about LEAP? _____

Do you have experience working with persons with disabilities? Yes No
 If yes, please describe: _____

Please list your previous volunteer/intern positions: _____

Availability

(Please check all that apply)

	Mornings	Afternoons	Evenings	Prefer regular schedule <input type="checkbox"/> Yes <input type="checkbox"/> No
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Available On Call <input type="checkbox"/> Yes <input type="checkbox"/> No
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# of hours per week you can volunteer? ____
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Special Skills

Language Other Than English _____
 Licenses & Certifications _____

Volunteer Areas of Interest

Advocacy <input type="checkbox"/>	Fund-Raising/Donations <input type="checkbox"/>
Board/Committee Membership <input type="checkbox"/>	Photography/Videography <input type="checkbox"/>
Business/Finance <input type="checkbox"/>	Pro Bono Legal Services <input type="checkbox"/>
Carpentry/Maintenance <input type="checkbox"/>	Special Events <input type="checkbox"/>
Clerical <input type="checkbox"/>	Technology/Computer Management <input type="checkbox"/>
Communications/Marketing <input type="checkbox"/>	Quantum LEAP Recreation <input type="checkbox"/>
	Other _____

References

(Please List 2 Professional/Volunteer/School References)

1. Name _____
Address _____ State _____ Zip _____
Phone _____ Contact _____
Job Duties/Title _____

2. Name _____
Address _____ State _____ Zip _____
Phone _____ Contact _____
Job Duties/Title _____

Emergency Contact Information

Name _____
Address _____ State _____ Zip _____
Phone _____ Relationship _____

Criminal Background

Have you been convicted of a crime in the past 10 years including misdemeanors and summary offenses which has not been annulled, expunged or sealed by the court? Yes No

Applicant’s Statement/Signature

I hereby certify that all of the information I have provided as part of my application for a volunteer position is true, accurate and complete. I understand that any falsification, misrepresentation, or willful omission of facts shall be sufficient cause for the disqualification of this application and the related records become the property of LEAP, which reserves the right to accept or reject my application. I understand that volunteer assignments do not constitute employment with the agency, and that such service/assignments are at the sole discretion of the agency.

My signature further grants my authorization for Linking Employment, Abilities & Potential to investigate the facts submitted, including seeking references as listed.

Volunteer _____
Date

Parent/Legal Guardian _____
Date