



Volunteer Application

Personal Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell / Home

Email: _____

Birth date: _____ Age (Must be 18): _____

Emergency Contact: _____ Relation: _____

Phone Number for Emergency Contact: _____

Work Experience:

Regular Occupation: _____

Employer: _____ Supervisor: _____

May we contact your employer with a positive letter notifying them of your volunteer service? Yes / No

Business Address: _____

City: _____ State: _____ Zip Code: _____

Bus. Phone: _____ Bus.Fax: _____

Bus. Email: _____

Work hours: _____

What is the easiest way to contact you (Circle One): Phone / Work ph. / Email / Work Email

Available Start Date: _____

Education:

Highest Level of education Achieved: _____ Major/Degree: _____

Are you a student now? Yes / No

Do you have any physical/emotional limitations or disabilities? Yes / No

If yes, explain:

Interest/Availability:

What times are you able to volunteer (Check all that apply):

- Sunday Monday Tuesday Wednesday Thursday Friday Saturday
 Mornings Afternoons Evenings

Skill Sets (Check all that apply):

- Fundraising Accounting Computer Skills Filing Teaching Sports Dance
 Math Spanish Sports Music Data Entry Writing Grants
 Administrative Skills Cooking/Food Handling

What kind of programs/activities would you be interested in participating in?

- Life Skills Programs Employment Readiness Programs Dance Program
 Music Program Recreation, Health, & Fitness Program Culinary/Catering program
 Special Events Office/Administrative

Do you have any of the following documents:

- CPR Certification* First Aid Certification* Article 9 Certification*
 Prevention and Support Certification Level One Fingerprint Clearance Card*

* - Indicates documentation needed for all Class A Volunteers. OSBI does provide all certifications.

References:

Please name three references whom we may contact about yourself:

Name: _____ Relation to you: _____

Phone Number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Relation to you: _____

Phone Number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Relation to you: _____

Phone Number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please share any previous or current experience you have with working with individuals with disability:

Why would you like to volunteer for One Step Beyond?

What do you hope to gain from this experience?

What special interests/talents do you have that you might want to share with our young adults?

Are there any skills or contributions that you would specifically like to offer our organization?

