

Volunteer Application

For The Ability Center and Assistance Dogs for Achieving Independence

Return to: Audrey Johnson, Volunteer Coordinator, ajohnson@abilitycenter.org

Personal Information

Date: _____

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Birth Date: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Occupation: _____ Employer: _____

Special Skills

Animal Training
 Foreign Language
 Sign Language
 Administrative/Office Skills
 Public Speaking
 Basic Repair\Construction
 Other: _____

What type of volunteer work are you interested in performing?

ADAI Dog Sitting
 ADAI Foster
 ADAI Furlough
 ADAI Facility
 Special Events
 Ramp Building

Availability

	Mornings	Afternoons	Evenings		Mornings	Afternoons	Evenings
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe any experience you have with people with disabilities:

How did you learn about volunteering at The Ability Center?

- Staff\Volunteer Referral: _____
- Media: _____
- Special Event: Hug-a-Pup
- Special Event: Other: _____

Have you ever been convicted of a crime other than a traffic offense or other minor misdemeanors?

- No Yes (will not automatically prohibit volunteering)

Do you have a medical condition we should be aware of (i.e. allergies, cardiac problems, lifting limitations, seizures, etc.)?

Emergency Contact Information

Name: _____ Relationship to you: _____
 Primary Phone: _____ Secondary Phone: _____

Name: _____ Relationship to you: _____
 Primary Phone: _____ Secondary Phone: _____

Volunteer Acknowledgement

The information provided on this application is true and complete to the best of my knowledge. I authorize The Ability Center to verify the information provided on this application and to conduct a public records search to secure criminal and character information regarding me.

I understand that as a volunteer, The Ability Center will not provide me any compensation for my services.

Signature of Applicant

Date

Signature of Parent\Guardian (if applicant is a minor)

Date