



Linking Employment, Abilities and Potential

## VOLUNTEER APPLICATION

### General Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Days: \_\_\_\_\_ Evenings: \_\_\_\_\_

E-mail: \_\_\_\_\_

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
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Prefer regular schedule?  Yes  No

Available on call?  Yes  No

# of hours/week you can volunteer: \_\_\_\_\_

Comments: \_\_\_\_\_

### Special Skills

Languages other than English  \_\_\_\_\_

Licenses and 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 two (2) professional, volunteer, or school references.

1. Name \_\_\_\_\_  
Business or School \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Job Duties/Title \_\_\_\_\_

1. Name \_\_\_\_\_  
Business or School \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
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 signature \_\_\_\_\_  
Date