



Volunteer Application

Personal Information

Name:		
Street Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
E-Mail Address:		
Date of Birth:	Do you have a valid driver's license?	
Occupation:		
Employer:		
Position/Title:		

Experience & Education

What is your educational/training background?

What is your employment history?

Do you have any previous volunteer experience? If so, with what organization and what kind of work did you do?

Does your current employer have (check all that applies):

- Volunteer Program Donation Matching Program
 Grant preference to organizations where you volunteer

Availability

How often would you like to volunteer?

- Twice Weekly Weekly Every Two Weeks Monthly

Day/Time preference (check all that apply):

- Mon Tues Wed Thu Fri Sat Sun
 Morning Afternoon Evening Weekends

Length of time you wish to volunteer:

- 2 hours 3 hours 4 hours Other: _____

Do you have any special needs or restrictions? If so please describe:

Date you can begin service:

Criminal History

All volunteer positions require a criminal history check. Conviction will not necessarily disqualify you from participating. Have you ever been convicted of a felony? Yes No

If yes, please explain:

Interests

Tell us in which areas you are interested in volunteering:

If you are applying in response to a volunteer posting, please list the position title:

Administration

Events

Clinical/Social Work

Fundraising

Social Media/Electronic Communication

Newsletter/Brochure Creation

Marketing

Volunteer Coordination

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports:

Why do you want to become a volunteer for ISDD?

Personal interest

Educational Internship

Community Service Hours

Court Ordered

Other

Please summarize why you chose us and what you hope to accomplish as a volunteer for ISDD.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

References

Please list two non-relative personal references:

Name:	Phone:
Address:	Relationship:
Name:	Phone:
Address:	Relationship:

Agreement and Confidentiality Statement

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in the rejection of this application and terminate any volunteer status.

Confidentiality

If accepted as a volunteer I pledge to hold in strict confidence all personal and official matters which come to my attention. It is my responsibility to respect and preserve the privacy of program participants as well as any details involved.

Name (printed):
Signature
Date

Our Policy

It is the policy of ISDD to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us. Please return this form to Rainie Jueschke, CFRE, Executive Director, by email: rainiej@isdd-home.org or mail: ISDD, 750 Hammond Rd, Building 1, Suite 100, Atlanta, GA 30328.

For Office Use Only: _____

Social Security#:

Drivers License #