

New Avenues to Independence, Inc.
Volunteer Services

VOLUNTEER APPLICATION

Name: _____

Address: _____

City/Zip: _____

Phone *Home:* _____ *Email:* _____
Cell: _____

Organizational/School: _____

Availability

Please circle all that apply:

Monday	Morning	Afternoon	Evening
Tuesday	Morning	Afternoon	Evening
Wednesday	Morning	Afternoon	Evening
Thursday	Morning	Afternoon	Evening
Friday	Morning	Afternoon	Evening
Saturday	Morning	Afternoon	Evening
Sunday	Morning	Afternoon	Evening

On Call	Yes	No
Prefer Regular Schedule	Yes	No
# Hours per week	_____	
Comments:	_____	

Do you have experience working with individuals who have mental retardation/developmental disabilities? Yes No *If yes, please describe:*

Special Skills: Check all that apply

Sign Language Others: please list.

Languages other than English: _____

Certifications: (such as nursing, life guard, therapy, etc) _____

Volunteer Interests: Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Friendly Visitor | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Special Olympics
Sport: _____ | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Recreational Classes & Activities | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Paws for a Cause Program | <input type="checkbox"/> Carpentry/Maintenance/Painting |
| <input type="checkbox"/> Garden Project(s) | <input type="checkbox"/> Assist with donation of goods |
| <input type="checkbox"/> Broadmoor Summer Camp Program | <input type="checkbox"/> Newsletter Assistance |
| <input type="checkbox"/> Education | <input type="checkbox"/> Internship |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Art |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Music |
- Comments: _____

Emergency Contact

Name: _____

Relationship: _____

Phone number where contact can be reached: _____

Employment Background

Have you ever been an employee (paid personnel) of New Avenues To Independence, Inc. (formerly PVA, Circle of Homes)?

- Yes No

Dates of employment: _____ to _____

Reason for departure: _____

Criminal Background

Have you been convicted of a crime in the past ten years, including misdemeanors and summary offenses, which has not been annulled, expunged or sealed by the court?

- Yes No

Explain: _____

My signature constitutes that my responses are true and complete. Where an item is left blank, it is because there is no information within its scope. My signature further grants my authorization for New Avenues to Independence, Inc. to investigate the facts submitted. I understand and agree that any falsification or omission, either on this form or in my responses to questions asked during the pre-screening, is grounds for immediate dismissal, no matter when the falsification or omission is discovered. I understand that my approval as a volunteer is contingent of the successful completion of all pre-screening requirements.

Signature _____