



# Services for Independent Living Volunteer Application

All qualified applicants will be considered without regard to race, gender (sex), religion, veteran status, disability, age, sexual orientation, national origin, or any other classification protected by law.

## INFORMATION

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

If Leading a Group, Group Name \_\_\_\_\_

Are You 18 Years of Age or Older?  Yes  No

Mailing Address \_\_\_\_\_  
Street Address City State Zip

Secondary Address \_\_\_\_\_  
Street Address City State Zip

Primary Phone (\_\_\_\_) \_\_\_\_\_ Cell  Secondary Phone (\_\_\_\_) \_\_\_\_\_ Cell

Email Address \_\_\_\_\_

## VOLUNTEER INTEREST

I'm interested in the following volunteer opportunities with Services for Independent Living (check all that apply):

- Access Services       Administrative/Office       Cooks in the Kitchen       Friendly Visiting
- Food Pantry Delivery       Grocery Shopping       Home Modifications       Internship
- Kids in the Kitchen       Lawn Mowing       Leaf Raking       Snow Shoveling
- Wii Excellerate       Other \_\_\_\_\_

Can we contact you for special projects?  Yes  No

Day/Time preference for volunteering (check all that apply):  Morning  Afternoon  Evening  
 Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

List any special knowledge, skills or qualifications as it pertains to the volunteer opportunity you are applying for:

\_\_\_\_\_

Please list any certifications, professional designations and/or licenses you have: \_\_\_\_\_

\_\_\_\_\_

Tell us about your experiences working as a volunteer. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BACKGROUND**

Have you volunteered at BCCA or SIL before? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been employed by SIL before? \_\_\_\_ Yes \_\_\_\_ No

Do you have a **valid** Driver's License? \_\_\_\_ Yes \_\_\_\_ No

Are you willing to use your vehicle for transportation? \_\_\_\_ Yes \_\_\_\_ No

If yes, do you have current automobile insurance? \_\_\_\_ Yes \_\_\_\_ No

**REFERENCES**

List two credible references ***not related to you.***

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**ACKNOWLEDGEMENT**

I certify the answers herein are true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date