



DATE				
First Name				– I
Tilstivanic	Last N	anic		Our mission is to empower people with intellectual
Street Address			Unit #	<ul> <li>and other developmental disabilities. Some of our volunteer assignments require criminal background</li> </ul>
City		State	Zip Code	checks and drug screening tests. Please provide the following personal information:
Cell Phone	Home	Phone	Other Phone	- I GENDER (check one)
Email				I ☐ Female ☐ Male ☐ Prefer not to say
IN CASE OF EME	RGENCY, PLEASE CO	NTACT:		AGE (check one)
				_ □ Under 18 □ 51 – 65
First Name	Last N	ame		I □ 19 – 35 □ Over 66
Relationship	Phone	1	Phone 2	- ☐ 35 – 50 ☐ Prefer not to say
AVAILABILITY (in	dicate specific times)			ETHNICITY (check as many as apply)
· ·	Morning	Afternoon	Evening	☐ Asian ☐ Hispanic
Monday		7.1.001110011		│
Tuesday				☐ I ☐ Caucasian ☐ Other/Prefer not to say
Wednesday				<del>-</del> 1
Thursday				PHYSICAL LIMITATIONS (If YES, please explain)
Friday				□ No □ Yes
Saturday				·
Sunday				<u> </u>
☐ I would pref	fer a set schedule			EDUCATION (check highest level completed)
☐ I am availab	le for these dates or	time period:		☐ Grade 5 ☐ College/University
☐ I need to fu	Ifill service learning o	r community serv	ice hours	☐ Grade 8 ☐ Technical/Vocational College
	_	·	Total Hours N	eded   Grade 10   Business School
SPECIAL SKILLS	OR INTERESTS (checi	k all that apply)		☐ Grade 12 ☐ Graduate School
☐ Activity Part	tner □ Gardening/\	⁄ard Work □ Pair	nting /Home Mainte	
☐ Career Counseling ☐ Office Work/Organizing ☐ Computer/Data Entry				•
☐ Interpreting (Sign Language) ☐ Spanish Translation ☐ Musician			I □ Full-time □ Retired	
☐ Advocacy ☐ Public Relations ☐ Photography/Videography ☐ Art/Crafts			☐ Part-time ☐ Student	
•	nts 🗆 Other			ı ⊔ Other
				Do you have the legal right to be employed in
How did you hea	ir about Ardmore's vo	olunteer opportun	ities? (check all that o	oply) I the United States? ☐ Yes ☐ No
☐ Flier ☐ Into	ernet 🛮 Newspaper	☐ Volunteer Cen	iter 🔲 Word of mou	h !
☐ Flier ☐ Internet ☐ Newspaper ☐ Volunteer Center ☐ Word of mouth ☐ Other (please explain):				All volunteer applications and associated documents
				are kept in a secure location. This information is used for reporting and record-keeping purposes only and
SIGNATURE		disclosed information will not be held against you.		