



# DakotAbilities Volunteer Program

## Volunteer Application

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Int \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_ Phone Cell) \_\_\_\_\_

Email \_\_\_\_\_

Employer Name \_\_\_\_\_ Job Title \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

### REFERENCES - Please list three non-family references

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### In the event of an emergency, contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Do you use illegal drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a criminal offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of abuse, neglect or assault?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### PLEASE READ BEFORE SIGNING

I understand that:

- The information I have provided may be verified and I give permission to DakotAbilities to make inquiry of others concerning my suitability to act as a DakotAbilities volunteer.
- In the course of volunteering for DakotAbilities, I may be dealing with confidential information and I agree to keep said information in the strictest confidence;
- The relationship between DakotAbilities and volunteers is an "at will" arrangement and that it may be terminated at any time without cause by either the volunteer or DakotAbilities.

Signed \_\_\_\_\_ Date \_\_\_\_\_