



VOLUNTEER APPLICATION

BASIC INFORMATION

1. Name _____
First Name Middle Name Last Name
2. Address _____
Number Street Name

City State Zipcode
3. Telephone (H) _____ (W) _____ (Cell) _____
4. Email Address _____
5. Date of Birth _____
month/day
6. Emergency Contact _____ Relationship _____
 Telephone: (H) _____ (W) _____

YOUR BACKGROUND

1. Work Experience
 Current or Most Recent Employer _____
 Occupation _____
 Dates of employment _____
 Are you currently employed? Yes ___ No ___ Full-time ___ Part-time ___
 Does your employer have a corporate giving policy? ___ Yes ___ No
 Does your employer have a newsletter? ___ Yes ___ No

2. Education (circle last year completed)
- | | | | | | |
|-----------------|---|---|---|---|----------------|
| High School | 1 | 2 | 3 | 4 | _____ |
| | | | | | Name of School |
| College | 1 | 2 | 3 | 4 | _____ |
| | | | | | Name of School |
| Graduate School | 1 | 2 | 3 | 4 | _____ |
| | | | | | Name of School |

3. Volunteer Experience:
- | | | |
|--------------------------------|---------------------|---------------------|
| | #1 | #2 |
| Organization: | _____ | _____ |
| Volunteer Position | _____ | _____ |
| Length of time | _____ | _____ |
| | Start date End date | Start date End date |
| Why did you stop volunteering? | _____ | _____ |
| | _____ | _____ |

4. List any special skills you possess _____

5. Interests/Hobbies _____
6. References (friend, co-worker, supervisor, or past volunteer coordinator – no family members please)

Name Telephone (home & work) Relationship

- a. _____
- b. _____

VOLUNTEER OPPORTUNITIES (Indicate which positions are of interest to you)

1. Direct service with a person who is blind, visually, or print impaired
- _____ Provide companionship and conversation as a friendly visitor
 - _____ Accompany to grocery or department store, or on other outings
 - _____ Provide transportation for a CAB staff member
 - _____ Provide one-on-one personal reading in home or workplace
 - _____ Provide one-on-one or group reading in a senior facility
 - _____ Deliver radios to new listeners
 - _____ Deliver Talking Book Machines to new readers
 - _____ Other (describe): _____

2. Indirect service
- _____ Personalized Talking Print reader
 - _____ On-Air reader (WRRS)
 - _____ Board Operator (WRRS)
 - _____ Office Assistant (in our offices or in your home)
 - _____ Staff a booth or display
 - _____ Tape record materials
 - _____ Other (describe): _____

3. What days/hours are you available to volunteer?

	MON	TUES	WEDS	THURS	FRI	SAT	SUN
MORNING							
AFTERNOON							
EVENING							

4. List 3 reasons why you want to volunteer?
- a. _____
- b. _____
- c. _____

5. How did you learn about volunteer opportunities with CABVI? _____

6. How long are you hoping to volunteer with us? _____

- Permission granted to the Cincinnati Association for the Blind and Visually Impaired to make an investigation of my background.
- Permission granted to use my picture, voice, or name for publicity purposes.
- I knowingly and voluntarily release the Cincinnati Association for the Blind and Visually Impaired from any liability that might result from an investigation of my background and /or participation as a volunteer.

Signature: _____ Date: _____