



VOLUNTEER OR STUDENT INFORMATION SHEET

All volunteers or students desiring to enter into a direct service assignment must fill out the following information. Please print the information.

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Emergency Contact

Name: _____ Address: _____ Phone: _____

Volunteers: Please complete this section if applying for a volunteer position.

Type of Position Desired: _____ Start Date: _____

Minimum time you can give each week: _____ What length of time: _____

Students: Please complete if applying for a field work position for school credit.

Name of school and program/class: _____

Name of Advisor: _____ Phone: _____

Number of hours required for credit: _____ Schedule of Hours: _____

Desired Beginning Date: _____ Ending Date: _____

Have you had direct experience with adults with developmental disabilities?

Yes _____ No _____ If yes, describe: _____

Special Interests: _____

Signature

Date