



The Social and Learning Institute

Where **SOCIALIZING** and **LEARNING** are **KEY** to Growth

APPLICATION FOR VOLUNTEER SERVICE

Full Legal Name:

Home Address:

City:

State:

Zip:

Home Phone:

Cell:

Email:

Date Available:

Days Available: Tuesday

(HOURS)

Wednesday

(HOURS)

Thursday

(HOURS)

Other

Do you have any training or experience working with individuals afflicted with mental illness, autism, intellectual, developmental, or physical disabilities? YES NO

In the space below, please briefly describe any such training, work or volunteer experience:

Have you **EVER** been convicted of a **felony** or other **serious crime**? YES NO

If **YES**, provide relevant details and dates:

Indicate your highest level of education: High School College Post Graduate
 Vocational/Technical School Other

Describe the duties of your current (or most recent) occupation and place of employment:

Briefly explain your motivation for volunteering at **The Social and Learning Institute**:

What particular type of work would you like to do at **The Social and Learning Institute**:

In the space below, please list your hobbies, skills, special interests, and memberships in any civic, social, fraternal, religious, artistic, or professional organizations:

Do you have need of any special accommodation or consideration in performing volunteer service at **The Social and Learning Institute**? YES NO If **YES**, please explain below:

In the space below, please share **anything else** about yourself that you feel is important:

Please read the following statements **carefully** before signing this application.

By providing my signature below, I confirm that the facts set forth by me in this application for volunteer service are true and complete to the best of my knowledge. I understand that if selected for volunteer service, I will be required to provide further authorization for a personal background investigation.

Signature:

Date: