

# INREACH

Empowering people with disabilities to live life their way

## INDIVIDUAL VOLUNTEER APPLICATION

### Contact Information

Name:

Street Address:

City, State ZIP Code:

Home Phone:

Work Phone:

E-Mail Address:

Employer:

### Availability

When are you available for volunteer assignments?

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Monday

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Thursday

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Sunday

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Tuesday

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Friday

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Wednesday

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Saturday

### Education

What is your highest level of education? \_\_\_\_\_

Are you currently a student? \_\_\_\_\_ If yes where? \_\_\_\_\_

**Areas of Interests and Skills and Abilities**

which areas are you best suited to volunteer? Please circle all that apply

Arts: Arts& Graphics, Crafts & Hobbies, Fine& Performing Arts, Photography

Birthday of the Month: Providing birthday cakes to the residents of our group homes

Communication: Audio/Visual, Publications, Publicity

Environment: Gardening, Handyman, etc.

Friend/Mentor

Group Home Volunteer

Group or Faith Community Volunteer

Office or Clerical Work

Special Events

Special Projects

Sports and Recreation

Team Building Projects

Workshop Presenter

Young Affiliates A group of community minded young professionals (35 years and under) holding social and community services opportunities.

**Our mission pillars ensure there is a right fit for you!**

\*\*\*\* Volunteers who work directly with our program participants are required to complete a criminal background check\*\*\*\*

**List Special Skills, Qualifications, or Hobbies:**

Skills and qualifications can be acquired through employment, previous volunteer work, or other activities such as hobbies or sports. What skills or qualifications do you have as a volunteer?

---

---

---

Languages Spoken: \_\_\_\_\_

**Previous Volunteer Experience**

---

---

---

**Have you worked as a volunteer before? If so, what did you do?**

---

---

---

**Explain why you want to be a volunteer with InReach?**

---

---

---

**Have you ever worked with individuals who have Developmental Disabilities?**

---

**Please list Three (3) character references (not related to you)**

Name	Address	City	Phone
------	---------	------	-------

---

---

---

**Person to Notify in Case of Emergency**

Name:

Street Address:

City, State ZIP Code:

Home Phone:

Work Phone:

E-Mail Address:

**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with InReach.

**Agreement and Signature**

By submitting this application, I hereby verify that all statements made in this application and any attachments to it are true. I understand that any misstatement, misrepresentation or omission of fact may be cause for my application not to be considered; or if I have been a volunteer, maybe cause for my immediate dismissal. I authorize the Volunteer Coordinator of InReach, or their designee to verify information contained in the application and attachments I further authorize anyone having such information to release it. I further understand that my volunteer placement is conditional upon completions of criminal reference and driving record check.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please submit this application to:  
Kelly Perez  
InReach  
4530 Park Rd.  
Charlotte NC 28209  
kperez@inreachnc.org

**FOR OFFICE USE ONLY**

**Placement:**

Location:

Date of Initial Visit: