



VOLUNTEER APPLICATION

Print Name (Last, First, & Middle)	Date of Application		
Street Address	City	State	Zip Code
Main Phone Number	Alternate Phone Number		
Email			

INTEREST

Why are you interest in volunteering at The New Transitions Center?

PREVIOUS EXPERIENCE

What experience (if at all) do you have engaging, volunteering or working with folks who have special needs or developmental disabilities?

Please list the names of your present or previous employers or locations you have volunteered in chronological order with most recent listed first. [Add additional page if necessary]

Name of Volunteering Organization	Contact Name	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteering Dates (Month/Year)		Phone Number
To	From	
Job Title and Duties		



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Name of Volunteering Organization	Contact Name	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteering Dates (Month/Year)		Phone Number
To	From	
Job Title and Duties		

Volunteers take on a variety of roles. Please **check off any** of the following skills you possess and are interested in contributing to the organization. In the other section please list any other experience, skills, languages, or other talents you believe would be helpful to the organization.

<input type="checkbox"/> 1:1 Support for Participants (Para-aid)	<input type="checkbox"/> Preparing and Cleaning for Daily Activities
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Stocking Supplies and Inventory
<input type="checkbox"/> General Administrative Tasks (copying, filing etc.)	<input type="checkbox"/> Web Design and Social Media Support
<input type="checkbox"/> Daily Activity Planning	<input type="checkbox"/> Special Projects and Events
<input type="checkbox"/> Other, Please Describe:	

References

Please list three professional or personal references< preferably of individuals who are familiar with your volunteer work.

Name and Title	Relationship	Phone Number or Email



Emergency Contact

Name	Relationship	Phone Number

General Information

1. Are you at least 18 years of age? Yes No

2. Have you ever volunteered for this organization before? Yes No

a. If yes, please give dates and position:

3. On what date are you available to begin volunteering?

4. Days/Hours available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

5. Do you drive and/or own a vehicle?

I drive and own a vehicle I drive and DO NOT own a vehicle No

6. Do you have current certification in CPR and First Aid? Yes No

ACKNOWLEDGMENT OF ADDITIONAL REQUIRMENTS

Select the below to acknowledge that in order to complete this application the below additional paperwork either in hard copy or emailed to amber@newtransitionscenter.org is required:

- Participate in a phone and or in-person interview
- Provide a Copy of Identification (Passport, Driver’s License or State Issued ID Card)
- Completion and clearance of a Criminal Background Check
- Provide a Copy of Valid CPR/First Aid Certification or Complete Certification
**Certification of CPR/First Aid will be at your own expense*
- Complete on-boarding and volunteer orientation

CONFIDENTIALITY

I understand that anything I hear or learn regarding individuals during my volunteer work with **New Transitions Center** must be kept in the strictest of confidence. I accept that a breach of this confidentiality may result in a termination of my volunteering with **New Transitions Center**.

Signature: _____ **Date:** _____