



1823 Buford Court ♦ Tallahassee, Florida 32308
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ABILITY 1ST VOLUNTEER SERVICES APPLICATION

APPLICANT INFORMATION:

NAME: _____
 LAST FIRST MIDDLE

ADDRESS: _____

CITY: _____ COUNTY _____ STATE _____ ZIP _____

HOME PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

IF KNOWN, PLEASE LIST THE VOLUNTEER POSITION FOR WHICH YOU ARE APPLYING:

IF NOT KNOWN IS THERE A PARTICULAR TYPE OF VOLUNTEER WORK IN WHICH YOU ARE INTERESTED? (PLEASE CHECK ALL THAT APPLY BELOW)

- _____ ASSISTING WITH BUILDING RAMPS
- _____ ASSISTING WITH SPECIAL EVENTS/FUNDRAISING
- _____ WORKING ONE-ON-ONE WITH A SINGLE CONSUMER
- _____ WORKING DIRECTLY WITH A STAFF MEMBER
- _____ HELPING IN OUR OFFICE WITH CLERICAL DUTIES
- _____ ASSISTING WITH GROUP ACTIVITIES
- _____ DOING FUNDRAISING, PUBLIC SPEAKING, ETC.
- _____ NO PREFERENCE AT THIS TIME
- _____ OTHER _____

AT WHAT TIMES ARE YOU VOLUNTEERING?

- ___ I AM FLEXIBLE ___ PREFER WEEKENDS ___ PREFER EVENINGS
- ___ PREFER DAYS ___ PREFER WEEKENDS ___ OTHER

LIST TIMES AVAILABLE _____

VOLUNTEER SIGNATURE

DATE

VOLUNTEER COORDINATOR

