



Volunteer Application Form

(Feel Free to use the back of this sheet if necessary)

Name: (please print) _____

Home Address: _____

Phone (Day): _____ Phone (Evening): _____

Date of Birth: _____ Social Security #: _____

Email: _____

Have you ever been convicted of a misdemeanor or felony? ____ Yes ____ No

If yes, please explain: _____

Education and/or skills that could enrich volunteer service: _____

How would you like to help out at Abilis? : _____

Previous volunteer experience: _____

Do you have use of a car? _____

What prompted you to volunteer at Abilis? _____

Days/Times when you are available: _____

References: (please list two persons not related to you who have know you for at least one year.)

I. Name: _____

Address: _____ Phone: _____

II. Name: _____

Address: _____ Phone: _____

Emergency Contact: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

****As a matter of practice, Abilis conducts background checks on all volunteers over the age of 16.****