



Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

*How did you hear about us? *required

Website Advertisement Employment Agency Referral Other

Name of Source: _____

Availability

Available Date to Begin Volunteering: _____

How Many Hours a week do you wish to Volunteer at DAS? _____

During which hours are you available for Volunteer assignments? (check availability)

Weekday mornings Weekend mornings M T W TH F S Sun
 Weekday afternoons Weekend afternoons M T W TH F S Sun
 Weekday evenings Weekend evenings M T W TH F S Sun

Are there specific hours? **Y / N** If Yes, what are the hours? _____

Interests

Where you ever a Volunteer, Intern or Worked for Deaf Access Services or Deaf Adult Services? **Y / N**

If yes, when and in what capacity:

Tell us in which areas you are interested in volunteering

- Administration & Staff Support
- DAS Events
- Community Outreach/Advocacy
- Fundraising Projects
- Sign Language Education & Literacy

Are you willing to use your vehicle for DAS related duties? **Y / N**
 If so, please provide a proof of insurance. Travel reimbursement available.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Employment History

Company:	Date Employed:	To:
Address:		From:
Job Title:	Phone Number:	Fax Number:
Work Performed:	Hourly Rate/Salary:	
	Starting Pay:	Ending Pay:

Company:	Date Employed:	To:
Address:		From:
Job Title:	Phone Number:	Fax Number:
Work Performed:	Hourly Rate/Salary:	
	Starting Pay:	Ending Pay:

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

I hereby certify that my answers are true and complete to the best of my knowledge. I authorize Deaf Access Services to verify their accuracy of all data given on this application, my work and educational history and to obtain reference information.

I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

Deaf Access Services considers applicants for all positions without regards to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation, citizenship status or any other legally protected status by the federal, state, or local law. Deaf Access Services is an Equal Opportunity Employer.

Thank you for completing this application form and for your interest in volunteering with us.

For Office Staff Only

Approved/Declined:	Date:	Start Date:
Interview Completed by:		End Date:
Assigned Supervisor:		Hours Completed:
Executive Director:		