



Providing Adults with Developmental Disabilities
Lifelong Experiences

Application to Volunteer

Last Name: _____ First Name: _____

Address: _____

(Street)

(City)

(Postal Code)

Phone #: Home: _____ Work/Cell: _____

Email Address: _____

How did you hear about Volunteer Opportunities at PADDLE?

Website Friend/Relative

Television Educational Institute

Other: _____

Please indicate what volunteer opportunities you are interested in:

Briefly describe any experience you have that may of benefit when volunteering at PADDLE:

Please circle the times in which you are able to volunteer:

Mon a.m. /p.m. Tues a.m./p.m. Wed a.m. /p.m.

Thurs a.m. /p.m. Fri a.m. /p.m.

List the name and phone number of 2 personal references. (These references cannot be relatives)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Read before signing:

1. I understand that during the course of my volunteer work I may be dealing with confidential information. I agree to keep that information in the strictest confidence.
2. I give PADDLE permission to verify the information provided and to check my personal references.
3. I understand that it is the volunteer's responsibility to notify the program coordinator in advance if the volunteer is unable to make their scheduled volunteer activity.
4. Volunteering at PADDLE is an "at will" arrangement that can be terminated by the volunteer or the PADDLE Program at any time.

Signature: _____ Date: _____

Parental Signature: _____ Date: _____

Parental Signature required if volunteer is under the age of 18.

Volunteer Application Process

1. Fill in the application form.
2. Call the Program Coordinator at 493-2401 to arrange a meeting.
3. Upon completion of the meeting references will be checked.
4. All Volunteers 18 and over are required to provide a criminal reference check.

Thank you for choosing PADDLE!