



Volunteer Application and Eligibility Form

CONTACT INFORMATION

Name (printed)

Street Address

City

State

Zip

Preferred Telephone Number

Preferred Email Address

Contact in case of emergency:

Name: _____ Relationship: _____

Phone number(s): _____

Education

Degrees (or in progress)

School

Major/Minor

Additional Certifications: _____

Memberships in Clubs or Organizations: _____

Employment

Place of Employment (current or most recent) _____

Job Title/Description _____

Location _____

Month/Year to Month/Year: ____/____ to ____/____

Place of Employment _____

Job Title/Description _____

Location _____

Month/Year to Month/Year: ____/____ to ____/____

(attach a separate sheet if more space is needed)

Volunteer Experience

Organization _____

Activity/Position _____

Location _____

Month/Year to Month/Year: ____/____ to ____/____

Organization _____

Activity/Position _____

Location _____

Month/Year to Month/Year: ____/____ to ____/____

Special Skills or Interests

Hobbies or Special Skills: _____

Language(s) spoken: _____

Other _____

Do you have any criminal convictions (other than parking violations)?

___ Yes ___ No If yes, please describe _____

Why do you want to volunteer at Voices of Hope for Aphasia?

References

Please list two work, academic, or character references (not relatives)

	Name	Phone	Email
1.	_____		
2.	_____		

I attest that the information provided on this application is accurate, and agree to be subject to a background check, at the discretion of Voices of Hope for Aphasia.

Signature

Date

Thank you for your interest in Voices of Hope for Aphasia!