



Application for Volunteer Service

Personal Information *(Please print.)*

First Name: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: ____ / ____ / ____ Employer: _____

Are you a student? Yes (School Name: _____) No

Do you have any limitations that will impact your volunteering?

If yes, please explain: _____

What is your preferred method of communication?

- | | | |
|--|--|---|
| <input type="checkbox"/> Email | <input type="checkbox"/> Large Print (U.S. Mail) | <input type="checkbox"/> CD (U.S. Mail) |
| <input type="checkbox"/> Print (U.S. Mail) | <input type="checkbox"/> Braille (U.S. Mail) | <input type="checkbox"/> Phone |

Please share your most recent volunteer experience(s) including position, agency and dates.

What do you hope to gain from your volunteer experience at Vision Forward?

Have you had any experience with individuals who are blind or visually impaired?

Referral and References

How did you learn about volunteering with Vision Forward?

- Website Friend or Family Member Volunteer or Member
 Newsletter United Way Other: _____

Please provide the information for two non-family members who can share references on your ability to perform volunteer work.

Name: _____ **Relationship:** _____
Email: _____ **Phone:** _____

Name: _____ **Relationship:** _____
Email: _____ **Phone:** _____

Volunteer Opportunities

Vision Forward volunteer opportunities are not limited to the items listed below. If you have an interest or skill you would like to share with our agency, please list in the space provided.

- Administrative Projects (Mailings, Filing, Phone Calls, etc.)
 Children's Program Classroom and/or Events
 Front Door Attendant
 Recreation Activity Helper and/or Class Leader
 Sighted Guide
 Fundraising and/or Program Events
- I'm interested in having my company or community group volunteer together!
 Other: _____

Do you have any special skills, talents or hobbies you would like to share with us?

Availability (Please check the boxes below to indicate your availability.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.							
P.M.							

How frequently are you interested in volunteering? _____

Emergency Contact

Full Name: _____ Relationship: _____
(H) Phone: _____ (C) Phone: _____

The above information is correct and complete to the best of my knowledge, without consequential omissions of any kind. I authorize the organizations and persons named to release any information requested regarding my service, character and qualifications.

I understand that the agency will perform background checks. I acknowledge that by completing this application the agency is not obligated to offer me a volunteer position.

Signature: _____ Date: _____

Thank you for your interest in volunteering!

Please return the completed application to:

Vision Forward Association
Attn: Volunteer Department
912 N. Hawley Road
Milwaukee, WI 53213

Questions? Contact: Joanna Rivas, Volunteer and Events Coordinator
(414) 615-0161 or jrivas@vision-forward.org