



Helping Individuals and Families with Life's Changing Needs

# Lifesteps®

# Volunteer Application

## BASIC INFORMATION



Name: \_\_\_\_\_ Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_

When is the best time to contact you? \_\_\_\_\_

What day can you start volunteering? \_\_\_\_\_

What hours are you willing to volunteer? \_\_\_\_\_

## QUALIFICATIONS



Are you CPR certified?  Yes  No

Exp. Date: \_\_\_\_\_

Are you First Aid certified?  Yes  No

Exp. Date: \_\_\_\_\_

Are you ASL certified?  Yes  No

Exp. Date: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

Charges and Date: \_\_\_\_\_  
\_\_\_\_\_

How were you referred to Lifesteps? \_\_\_\_\_

Please list the name and relationship of any relatives who work/volunteer at Lifesteps:

\_\_\_\_\_

Please list two references (not relatives or employers) whom you have known for at least one (1) year:

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_



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## VOLUNTEERING PREFERENCES



Please check any areas that you enjoy working in:

- |   |  |
|---|--|
| <input type="checkbox"/> Classroom Assistance & Activities with Children                              | <input type="checkbox"/> Filing, Copying, and Clerical Volunteer Opportunities |
| <input type="checkbox"/> Activity Assistance with Adults with Intellectual/Developmental Disabilities | <input type="checkbox"/> Indoor/Outdoor Clean-Up and Maintenance               |
| <input type="checkbox"/> Playing Games, Reading, and Assisting with Seniors                           | <input type="checkbox"/> Special Event Preparation                             |

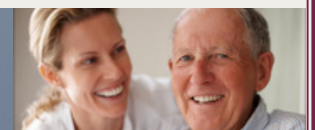
Why do you want to volunteer at Lifesteps? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What are some things you liked/disliked about previous volunteer experiences? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you fulfilling any academic/community service requirements by volunteering at Lifesteps? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any interests/special skills you would like to contribute? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## SIGNATURE



I hereby authorize Lifesteps, Inc., at this time of my application for volunteer service, or during the course of my volunteer service, to obtain information from any source as to my experience, competence, character, or medical history, as relates to the volunteer service for which I applied or may be conducting. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application and/or services. I agree that all statements made in this application may be investigated.

I understand that I may be required to successfully complete a medical examination and provide 2 written letters of personal reference. I may also be required to provide an acceptable criminal history background (Act 34) and an acceptable child abuse history (Act 33) within 30 calendar days of volunteer service.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Lifesteps considers all volunteers without regard to race, color, religious creed, disability, national origin, ancestry, age, sex, or veteran status.

<i>Office Use Only</i>	
Receipt (Date)	_____
Program Director	_____
Director, Dev & CR	_____
Visit Scheduled (Date)	_____
HR Director	_____
Orientation/Start Date	_____