Lifesteps
Helping Along Life's Journey

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

	Yes	No	
Are you CPR certified?	☐	☐	Exp. Date: _____
Are you First Aid certified?	☐	☐	Exp. Date: _____
Are you ASL certified?	☐	☐	Exp. Date: _____
Have you ever been convicted of a felony?	☐	☐	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:

- ☐ Classroom Assistance & Activities with Children
- ☐ Activity Assistance with Adults with Intellectual/Developmental Disabilities
- ☐ Playing Games, Reading, and Assisting with Seniors
- ☐ Filing, Copying, and Clerical Volunteer Opportunities
- ☐ Indoor/Outdoor Clean-Up and Maintenance
- ☐ 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?_____

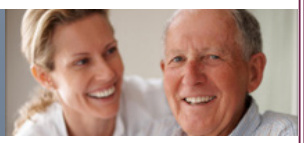
_____

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.

Office Use Only

Receipt (Date)_____
Program Director_____
Director, Dev & CR_____
Visit Scheduled (Date)_____
HR Director_____
Orientation/Start Date_____