



# VIP SERVICES, INC. VOLUNTEER APPLICATION

**INFORMATION & INSTRUCTION:** Your application will be kept on file for one year. Your help in keeping this information current so that we can alert you about upcoming events and volunteer opportunities will be greatly appreciated.

**PLEASE PRINT**

**PLEASE FILL APPLICATION OUT COMPLETELY**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**DAYTIME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**EVENING PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**WHICH OF THE ABOVE IS THE BEST WAY TO CONTACT YOU :** \_\_\_\_\_

**AVAILABILITY**

Please check day&/or evenings according to your usual availability.

	MON		TUES		WED		THURS		FRI		SAT		SUN	
	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
DAYTIME														
EVENING														

What time commitment could you make to volunteering for VIP Services?

\_\_\_\_\_ x's per week      \_\_\_\_\_ x's per month      \_\_\_\_\_ special projects

Are you interested in occasional "on call" volunteering? (events, relief shifts, etc.) \_\_\_\_\_yes \_\_\_\_\_ no

**SPECIAL SKILLS AND/OR INTERESTS** (computers, data entry, Braille reading, sign language, photography, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO YOU HOLD A CURRENT WI DRIVERS LISENCE?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**ARE YOU WILLING TO TRANSPORT OUR CLIENT PARTICIPANTS IN YOUR CAR OR IN A VEHICLE?**

\_\_\_\_\_ YES (If yes we are required to check your driving record & insurance) \_\_\_\_\_ NO

**CURRENT & PREVIOUS EMPLOYERS:**

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**CURRENT & PREVIOUS VOLUNTEER EXPERIENCE:**

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**REFERENCES** (Professional as well as personal please)

1. NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

3. NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_

**I UNDERSTAND THAT AS A VOLUNTEER FOR VIP SERVICES I WILL BE IN CONTACT WITH PEOPLE WHO HAVE DISABILITIES AND ARE CONSIDERED A VULNRABLE POPULATION. AS SUCH I GIVE MY PERMISSION TO VIP SERVICES TO CONDUCT BACKGROUND CHECKS USING THE FOLLOWING MEANS:**

- References Provided
- Criminal Background Check
- Sex Offender Registry
- Driving Record & Insurance

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_