



volunteer application

507 Kent Street · Utica, NY 13501 · T:(315) 797-2233 · F:(315) 797-2244 · cabvi.org

The Central Association for the Blind and Visually Impaired does not discriminate on the basis of sex, race, color, religion, national origin, age, marital or veteran status, disability, or any other legally protect status.

PERSONAL DATA:

First Name: _____ MI _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phones:(_____)_____-_____ Alternative Phone:(_____)_____-_____

Have you been convicted of, or pleaded guilty or no contest to a felony?

Yes No

Do you have any health condition that the agency should be aware of: If yes, please

explain: _____

EMPLOYMENT HISTORY:

Employer/Organization: _____

City: _____ State: _____ Zip Code: _____

From: _____ To: _____ Supervisor's Name/Title: _____

Volunteer Experience: _____

City: _____ State: _____ Zip Code: _____

From: _____ To: _____ Supervisor's Name/Title: _____

List other training(s), experience(s) or activities: _____

CERTIFICATION(S)/LICENSE(S):

Type: _____ Number: _____ State: _____ Expiration Date: _____

ASSIGNMENTS:

- | | | |
|---|--|--|
| <input type="checkbox"/> Escort Consumers | <input type="checkbox"/> Consumer Visitation | <input type="checkbox"/> Braille Transcriber |
| <input type="checkbox"/> Vision Screening | <input type="checkbox"/> Consumer Assistance | <input type="checkbox"/> Record Audiotapes |
| <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Bulk Mailing | <input type="checkbox"/> Inventory | <input type="checkbox"/> College Practicum |
| <input type="checkbox"/> Internship | <input type="checkbox"/> Other _____ | |

AVAILABILITY:

- Monday Tuesday Wednesday Thursday Friday Saturday

Monday: From: _____ To: _____ Tuesday: From: _____ To: _____
Wednesday: From: _____ To: _____ Thursday: From: _____ To: _____
Friday: From: _____ To: _____ Saturday: From: _____ To: _____

REFERENCES:

Name/Title/Company: _____

City: _____ State: _____ Zip Code: _____ Phone No: _____

Name/Title/Company: _____

City: _____ State: _____ Zip Code: _____ Phone No: _____

Name/Title/Company: _____

City: _____ State: _____ Zip Code: _____ Phone No: _____

I hereby affirm that the information provided in this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me and be considered sufficient justification for dismissal if discovered at a later date.

As an agency volunteer, I will comply with all rules and regulations of CABVI as well as adhere to the policies and procedures stipulated in the Volunteer manual.

I authorize investigation of all statements contained in this application.

Signature of Applicant: _____

Date: _____ / _____ / _____