



3 C- Volunteer Program
Communication Partners
APPLICATION

Please Print

Date: _____

ID # _____ (Office Use Only)

Last Name: _____

First Name: _____

Address: _____

Phone #: _____

Town: _____

Zip: _____

Email Address: _____

Birthdate (without year): _____

Occupation: _____

Work Phone # (optional): _____

Employer & Address (or previous employer): _____

Emergency Contact: _____ Phone #: _____

How did you hear about our volunteer program? _____

Preference of Volunteer Service:

___ Computer Lab (training provided to work w/ members on language-based programs)

___ Technology groups (volunteer must have experience using iPads)

___ Cards, games, brain teasers and other game related groups

___ Craft related groups (training provided for jewelry making, card making, etc.)

___ Art Group facilitator

___ Clerical Support

___ Social Media support and/or website support

Other (please list) _____

Are you a Speech Language Pathology student or professional? Yes ____ No ____

Work and/or other relevant experience (including volunteer experience):

Education or training that relates to the volunteer position sought: _____

Interests, skills, or hobbies:

Are you fluent in other language besides English? (specify) _____

Indicate all day(s) and times(s) that you are available:

	Monday	Tuesday	Wednesday	Thursday
10:30am – 11:30am	_____	_____	_____	_____
11:30am – 12:30pm	_____	_____	_____	_____
1:15pm – 2:15pm	_____	_____	_____	_____

Are you willing to fill in for another volunteer in case of an emergency? Yes ____ No ____

Have you ever been convicted of a crime? Yes ____ No ____

Please give two references: Please do not list relatives.

Name: _____ Relationship: _____

Address: _____ Phone: _____

Town & Zip Code: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Town & Zip Code: _____