PIRS VOLUNTEER APPLICATION

DATE_____

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: _____

EMAIL ADDRESS_____

LANGUAGES SPOKEN:

_____

_____

VOLUNTEER BACKGROUND: Please attach resume also, if available_____

_____

_____

_____

_____

_____

_____

Referral (How did you find us?)_____

DAYS/TIMES AVAILABLE: (Please Circle)

M T W TH F A.M. 8:30 - 1 P.M. 1-5 Other_____

Comments:_____

_____

_____

VOLUNTEER SKILLS AND INTEREST LIST

Typing/keyboarding _____ wpm_____

Computer: MS Word_____ MS Excel_____ MS Access (Data Entry) _____

Other:software:_____

_____

Clerical support____ Receptionist____ Bulk Mail preparation_____

Transcribing_____
(documents, audio recording, Braille)

Reading/Writing_____ (correspondence, etc. for those with visual disabilities

Systems Advocacy_____ (phoning, letter writing, speaking or arranging for speakers, support in organizing events, etc.)

Field Surveys _____ (training and mileage reimbursement provided)

Public Relations_____

Peer Support_____ (Must have a disability)

Fundraising_____

Photography_____

Accounting _____

Legal services_____

Minor Home Modification - Handyperson_____

Interpreting – describe languages and level of skill:
_____
_____
_____

Other:
_____
_____
_____
_____
_____