

Athelas Institute, Inc.
 9104 Red Branch Road
 Columbia, Maryland 21045
 410-964-1241

VOLUNTEER APPLICATION

Name _____ Date _____
 Address _____ City _____ Zip Code _____
 Home Phone _____ Work Phone _____
 Employer _____ Job Title _____

May we call you at work? Yes No

Special training, skills, hobbies _____

Groups, clubs, organizational membership _____

Why do you want to take part in volunteer activities? _____

What experiences have you had that may prepare you to work as a volunteer with people with developmental disabilities? _____

In which of the following would you like to participate? (Check one or more)

- | | |
|--|---|
| <input type="checkbox"/> Vocational workshop assistant | <input type="checkbox"/> Activities assistant |
| <input type="checkbox"/> Personal mentor | <input type="checkbox"/> Virtual Volunteer |
| <input type="checkbox"/> Special events | <input type="checkbox"/> Special projects |
| <input type="checkbox"/> Facilities maintenance | <input type="checkbox"/> Guest speaker/training facilitator |
| <input type="checkbox"/> Administrative assistant | <input type="checkbox"/> Fundraising |

Driver's License? Yes No Car Insurance? Yes No

Car available for transporting others? Yes No

Times Available (place an "X" in any time slots when you could be available)

Day/Time	7am-12pm	12pm-3pm	3pm-7pm	7pm-10pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

REFERENCES: Please list three professional and/or personal (not including relatives) references below. References will remain confidential.

Name/Relationship	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Signature _____