

Annandale Village Volunteer Request Form



NAME: _____
(First) (MI) (Last)

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____
(Mobile) (Home) (Other)

EMAIL: _____ DATE OF BIRTH: _____
(Individuals under 16 require an adult to accompany them)

GROUP INFORMATION (if applicable)

Organization Name _____ Number in volunteer group _____ Age Range _____

EDUCATION · SKILLS · TRAINING · HOBBIES · INTERESTS

EDUCATION: GRADE COMPLETED (circle one): 6 7 8 9 10 11 12 COLLEGE COMPLETED (circle one): 1 2 3 4 5+

DEGREE(S): _____

SPECIALIZED SKILLS/TRAINING: _____

HOBBIES AND INTERESTS: _____

VOLUNTEER INTERESTS & AVAILABILITY

Visit <http://annandale.org/volunteer-opportunities/> for more details about each of the following opportunities. Please select the area(s) below in which you have an interest in volunteering.

- | | |
|--|--|
| <input type="checkbox"/> Arts, Academics, and Recreational Activities | <input type="checkbox"/> <i>Coming soon!</i> Adopt-A-Villager Buddy Program*
<small>(*Requires additional training)</small> |
| <input type="checkbox"/> Adopt-A-House Program
<i>(Ideal for adult church groups or corporations)</i> | <input type="checkbox"/> Assist with a Special Event |
| <input type="checkbox"/> Teach a Class/Special Skill | <input type="checkbox"/> Join a Committee |
| <input type="checkbox"/> Office & Administration Assistance | <input type="checkbox"/> Landscape & Campus Improvement Projects |
| <input type="checkbox"/> Other (Please describe) _____ | |

Please check the ONE that best describes your availability:

- On a regular on-going basis (i.e. once a week typically at the same time/day)
- Only when my schedule allows (i.e. a few times a month, days and times may vary)
- Only for a specific date/time/event

Please circle your...

Preferred day(s) of the week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Preferred time(s) of the day: Morning Afternoon Evening

PERSONAL REFERENCES

Please list two (2) names of person not related to you whom you have known at least one year.

NAME: _____ RELATIONSHIP: _____

TELEPHONE: _____ EMAIL: _____

NAME: _____ RELATIONSHIP: _____

TELEPHONE: _____ EMAIL: _____

IN THE EVENT OF AN EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

TELEPHONE: _____ ALTERNATE PHONE: _____

QUESTIONNAIRE

Based on your understanding of the Volunteer Program, will you require any special accommodations to participate as a volunteer? Yes No If yes, what reasonable accommodations would be necessary?

Have you ever been convicted of a criminal offense (misdemeanor or felony) which has been judiciously ordered, sealed, expunged, or statutorily eradicated? Yes No If yes, state the nature of the offense(s), when and where convicted, and the disposition of the offense.

Do you have any personal, professional, or volunteer experience(s) working with individuals with developmental disabilities? Yes No If yes, please describe.

Briefly explain what led to your decision to apply for a volunteer position, and how you hope to benefit from the volunteer experience.

By signing this application, I understand that I am not guaranteed a volunteer position. I must attend an orientation and pass both a background check and fingerprint screening (applicable to individuals 18 yrs and older) prior to volunteering*. *Since we are a non-profit organization, a \$25 donation is requested, but not required, to help offset the cost of the background check and fingerprint screening (collected during orientation).*

Signature of Volunteer Applicant

Date

**Some exceptions may apply*

Please fax, mail, or email this form to:
3500 Annandale Lane · Suwanee, GA 30024
ATTN: Julie Ferguson, Development Associate

Fax: (770) 945-8693
Telephone: (770) 945-8381
Email: Julie.ferguson@annandale.org