

KyADAPT Volunteer Application and Contact Information

(Volunteer Position Title)

SECTION I

NAME: _____ BIRTH DATE: _____

Address: _____ City: _____ State: _____ Zip: _____

TWO BEST WAYS and TIMES TO CONTACT **YOU** VP#, text#, voice phone#, email

SECTION II

PREVIOUS VOLUNTEER EXPERIENCE: _____

OCCUPATION (PAST OCCUPATION IF RETIRED): _____

OTHER INFORMATION THAT WILL HELP US MAKE A GOOD MATCH (SUCH AS
EDUCATION, GENERATION INTERESTS/
HOBBIES: _____

SECTION III

AGENCY: _____

DAY/HOURS AVAILABLE: _____

PREFERRED ACTIVITIES: _____

ACCESSIBILITY INFORMATION (allergies, smoking, mobility, etc):

PERMISSION TO USE YOUR PHOTOGRAPH IN PUBLICATIONS/ONLINE?

YES _____ NO _____

WILLING TO DRIVE CLIENTS? _____

SECTION IV

DO YOU HAVE A VALID (STATE) DRIVER 'S LICENSE? YES___ NO___

LICENSE NUMBER:_____VEHICLE LICENSE PLATE NUMBER:_____

INSURANCE COMPANY:_____ POLICY # _____

HAVE YOU EVER BEEN CONVICTED FOR VIOLATION OF ANY LAWS, TRAFFIC OR OTHERWISE? YES___ NO___

IF YES, PLEASE EXPLAIN:_____

DO YOU HAVE ANY PHYSICAL CONDITION THAT MAY LIMIT YOUR ACTIVITIES?

YES___ NO___

IF YES, DESCRIBE:_____

WHO TO NOTIFY IN CASE OF AN EMERGENCY? _____

TELEPHONE NUMBER:_____

SECTION V [REFERENCES]

PLEASE LIST THREE PERSON WE MAY CALL WHO ARE NOT FAMILY, ONE OF WHOM MAY BE YOUR REGLIIOUS OR SPIRITUAL LEADER, TEACHER, EMPLOYER OR RELATION OTHER THAN PERSONAL FRIEND.

1. NAME:_____

PHONE:_____

ADDRESS:_____

RELATIONSHIP:_____

2. NAME:_____

PHONE:_____

ADDRESS: _____

RELATIONSHIP: _____

3. NAME: _____

PHONE: _____

ADDRESS: _____

RELATIONSHIP: _____

I hereby give my consent to contact my references; to contact my employers, past and present; and to conduct a background check.

VOLUNTEER SIGNATURE: _____

DATE: _____

KyADAPT STAFF COMMENTS:

Insurance Card: _____ Driver's License: _____ Background Check: _____

KyADAPT Signature: _____ DATE: _____