

Central Washington Disability Resources
Volunteer Application

Please Print.

Date: _____

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Activity area: _____ Swimming _____ Open Gym _____ Special Events

Days available: _____ Mornings _____ Afternoons/Evenings

Current/Former Occupation: _____

Skills/Hobbies/Interests: _____

Do you speak any languages other than English? _____ Which? _____

What do you hope to gain by volunteering? _____

What do you feel you can contribute to CWDR? _____

Please list previous volunteer experience: _____

Comments: _____

List two NON-FAMILY references (Include name, position, address, and phone number)

1. _____

2. _____

I give my permission for Central Washington Disability Resources to check the above references. I understand that my time will be spent in a volunteer capacity only.

Signature

Date

Need copy of ID
Must pass background check