



CDCVI VOLUNTEER APPLICATION

Personal Information:

Name: _____
Address: _____
City, State and Zip: _____
Email: _____
Preferred Method of Contact: _____
Home Phone: _____ Cell: _____
Date of Birth: _____ Last 4 digits SS#: _____

In case of an Emergency Contact:

Name: _____
Relationship to you: _____
Phone: _____

Employment:

Employer: _____
Telephone: _____
May we contact you at work? _____ Yes _____ No
Driver's License Number and State Issued: _____
If you do not drive, do you have a personal State ID?
State ID Number: _____

Education:

High School/Grade Completed: _____
College or University Degree: _____
Major: _____

Formal Training:

Previous industry experience? _____

Years of experience? _____

Technology Experience:

Are you familiar with the Microsoft Word Suite? _____ Yes _____ No

What is your Microsoft Word Suite Skillset? Beginner, intermediate or advanced?

How often do you use the Microsoft Word Suite? Daily, Monthly or Annually?

Skills:

Do you have any previous experience working with persons who are blind or visually impaired?

_____ Yes _____ No

If yes, please explain:

What method of transportation would you use to volunteer at the Conklin Davis Center for the Visually Impaired? _____

Days & Times that you are available to volunteer:

Mornings: _____

Afternoons: _____

Evenings: _____

Weekends: _____

Volunteer Experience:

Are you presently a volunteer: _____ Yes _____ No

Do you have any previous experience volunteering? _____ Yes _____ No

If yes, please specify: _____

Volunteer Experience: (Continued)

Name of Organization: _____

Location: _____

Dates of Service: _____

Role(s): _____

Preferred Volunteer Activities: Please indicate any number of the following volunteer activities in which you would like to participate:

Community Services: Which of the following have you assisted a blind or visually impaired person in the community by:

- _____ Being a friendly visitor to the seniors we serve
- _____ Reading (Ex: personal correspondence, books)
- _____ Helping with errands (Ex: grocery shopping, banking, light housekeeping, cooking)
- _____ Chaperone on Day trips
- _____ Chaperone with Transition Teen Program

In House Support:

- _____ Calling ?Clients (Event notifications)
- _____ Clerical Duties (Ex: typing, photocopying, data entry)
- _____ Tape recording information for visually impaired students
- _____ Call businesses for employment opportunities in all four counties.
- _____ Phone Calls to seniors
- _____ Telephone calling for events, luncheons, meetings
- _____ Lending artistic talents in helping to develop and produce (Ex: agency video, photo gallery, displays, collateral materials for fundraising)
- _____ Driver
- _____ Sighted Guide
- _____ Reader
- _____ Email, Phone and Written correspondence
- _____ Chaperone
- _____ Event decorating/planning
- _____ Professional lectures

Briefly tell us why you wish to volunteer at the Conklin Davis Center for the Visually Impaired:

References:

Please complete the following for two references; one personal and one business or volunteer related. We will contact references, so please give us daytime phone numbers. To work with our students, a background check must be completed by the Conklin Davis Center for the Visually Impaired.

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

CONKLIN DAVIS CENTER FOR THE VISUALLY IMPAIRED IS HELD HARMLESS IN THE EVENT OF AN ACCIDENT OR DEATH WHILE ON SITE.

Date: _____

Applicant Signature: _____

(You have my permission to check my references.)

CONKLIN DAVIS CENTER FOR THE VISUALLY IMPAIRED

Volunteer Confidentiality Agreement

The concept of confidentiality is based on the individual's right to privacy and has both legal and ethical implications. Information from or about clients may not be shared or used by staff or volunteers with the exception of the following:

1. The client appears to be a danger to himself or to others.
2. The release of information is in response to a legal order (subpoena, etc.)
3. When requested in writing by the client or the client's legal representative

It is the responsibility of the Center's staff and volunteers to keep all client personal information confidential and to exercise extreme caution not to inadvertently mention client information while in a location (restaurant, elevator, bus, etc.) where others may overhear.

By my signature below, I agree to abide by this confidentiality rule.

Print Name: _____

Signature: _____

Date: _____

Criminal background checks are completed before starting the volunteer program.