

Volunteer Application Form

Legal Name _____
Last First Middle

Address: _____
Street City State Zip

Date of Birth: ___/___/___ **Phone:** ___-___-___ **Email:** _____

Why are you interested in volunteering with Pathways Adult Learning Center? _____

Briefly describe any prior experience you have had working with people with developmental disabilities. _____

Please circle which day(s) you wish to volunteer:

Monday Tuesday Wednesday Thursday Friday

Please check which site you wish to volunteer at:

- Pathways Adult Learning Center (various tasks in the classroom, help students)**
- Pathways Work-Site (assists with products, help students)**

Personal References

*Provide **three** personal references. These references should have known you for **at least one year** and should **not be related** to you.

***Minors** (under 18 yrs.) may provide references from coaches and teachers. **No references from minors.**

Name & Relationship to You	
Phone (Daytime phone number)	
Name & Relationship to You	
Phone (Daytime phone number)	
Name & Relationship to You	
Phone (Daytime phone number)	

The following questions are part of a process to help provide a safe and secure environment. All information is confidential.

Are you presently facing charges for a criminal offense? _____

Have you ever been charged with a misdemeanor or felony? _____

Have you ever been accused of or charged with any offense involving children? _____

Do you have any health issues that could place another person at risk? _____

Have you ever been dismissed from a volunteer position for any reason? _____

If you answered "yes" to any of the above questions, please explain. _____

Applicant Statement

I acknowledge that there are certain inherent risks in serving as a volunteer, including but not limited to physical injury and death. I acknowledge that all risks cannot be prevented and I assume those beyond the control of Pathways Adult Learning Center, Inc., faculty and staff. I represent that I am physically able to participate in volunteer service to Pathways.

Should I require medical treatment as a result of accident or illness arising during volunteer work, I consent to such treatment. I acknowledge that Pathways Adult Learning Center, Inc. does not provide health and accident insurance for volunteers and I agree to be financially responsible for any medical bills incurred as a result of medical treatment. I will notify staff at Pathways in writing if I have medical conditions about which medical personnel should be informed.

Further, I, the undersigned, do give my permission for Pathways to contact any or all of the references listed on this application.

Signature of Applicant (If over 18)

Date

Signature of Parent/Legal Guardian (if Applicant under 18)

Date