



## Volunteer Application Form

**Legal Name** \_\_\_\_\_  
First
Middle Initial
Last

**Address:** \_\_\_\_\_  
Street
City
State
Zip

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Phone:** \_\_\_\_-\_\_\_\_-\_\_\_\_ **Email:** \_\_\_\_\_

What other organizations have you previously volunteered with and for how long?  
 \_\_\_\_\_

How did you hear about Pathways? \_\_\_\_\_

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.  
 \_\_\_\_\_  
 \_\_\_\_\_

Approximately how long do you plan on volunteering with Pathways (Please circle)?   2-3 months      6 months      1 year

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, Special Olympics)**  
 **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.**

|                                       |  |
|---------------------------------------|--|
| <b>Name &amp; Relationship to You</b> |  |
| Phone (Daytime phone number)          |  |
| <b>Name &amp; Relationship to You</b> |  |
| Phone (Daytime phone number)          |  |
| <b>Name &amp; Relationship to You</b> |  |
| Phone (Daytime phone number)          |  |

**Please answer truthfully 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. \_\_\_\_\_

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*\*All volunteers are required to submit a background check prior to volunteering.*

Pathways is a Christian program that pours the love of Christ into our students daily through prayer, Bible studies, and choir. Are you comfortable with that environment? (Please circle) **Yes** **No**

Do you have any special strengths, gifts or expertise that you could share with Pathways?

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How soon can you start volunteering? \_\_\_\_\_

## **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