

ASSOCIATION FOR THE BLIND & VISUALLY IMPAIRED

456 Cherry Street SE, Grand Rapids, MI 49503

VOLUNTEER APPLICATION

DATE OF APPLICATION: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DATE OF BIRTH: _____

DAY/EVENING PHONE NUMBERS: _____

EMERGENCY CONTACT: _____ PHONE: _____

EMAIL ADDRESS: _____

IF LESS THAN 18 YEARS OF AGE, DO YOU HAVE A WORK PERMIT?

YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

YES NO If yes, please describe the charge for which you were convicted, the date of the charge and the location: _____

DO YOU SPEAK ANY LANGUAGES OTHER THAN ENGLISH? (PLEASE LIST)

EDUCATIONAL BACKGROUND (INDICATE NAME AND GRADE COMPLETED)

HIGH SCHOOL: _____

COLLEGE: _____

OTHER: _____

What is the most important thing we should know about you?

Have you had any previous experience working with people who are visually impaired? (If yes, please describe)

Please describe any previous volunteer experience.

What would you like to gain personally from your volunteer experience?

When are you available to volunteer? (Weekdays, Weekends, Daytime, Evening)

What type(s) of volunteer work are you interested in? (Circle all that apply)

AGENCY SERVICES

CLIENT SERVICES

SPECIAL EVENTS

Receptionist

Reader

Conduct Surveys

File Assistant/Clerical

Driver/Shopper

Speaker

Support Group Assistant

Friendly Visitor

REFERENCES:

Please give us the information on your current or most recent employer:

Employer Name _____

Address _____

Phone: _____

Supervisor: _____

Tell us about your work:

Please give us the following information on a personal reference (other than family.)

Name _____

Address and Zip Code _____

Phone _____

By signing this application, I certify that the statements made by me are true and complete to the best of my knowledge. I understand that false statements are sufficient grounds for rejection of this application and/or dismissal. I also acknowledge the agency's policies on confidentiality and will treat all information about clients with strict confidence. I understand that client information must be protected from the possible consequences of being inappropriately released. **Violation of client trust is cause for immediate dismissal.** Inquiries from the news media should be referred to the immediate supervisor or any ABVI staff member.

Applicant's Signature _____ Date _____

Please return this completed application to:

Association for the Blind and Visually Impaired
456 Cherry St SE
Grand Rapids, Michigan 49503

**CRIMINAL HISTORY,
BACKGROUND CHECK AUTHORIZATION WAIVER OF LIABILITY**

In an effort to provide for the safety of our clients, the Association for the Blind and Visually Impaired (ABVI) reserves the right to conduct background and reference checks on all volunteers who will work with or near our clients.

As a prospective volunteer of ABVI, I authorize ABVI to request from the criminal records division of the Department of State Police and the Grand Rapids Police Department a criminal history check prior to an offer/placement using the information below:

Legal Name: Last _____ First _____ Middle _____

Maiden Name/Name previously used:

Last _____ First _____ Middle _____

Birth date: _____ Race: _____

Sex Male _____ Female _____

Driver's License #: _____

I understand that the above information is required by central records division of the Michigan State Police Department and the Grand Rapids Police Department. I hereby release and forever discharge ABVI, the State of Michigan, the City of Grand Rapids, and their respective agents and employees from any and all actions, causes, claims and demands for, upon, or by reason of any damage, loss or injury which may be sustained by me in nature of libel, slander, invasion of privacy or other resulting from errors or omissions in the information given or from the use of information, whether by reason of unauthorized use, negligence, or otherwise.

I authorize my current and/or former employer(s) to provide ABVI any information Regarding my employment together with any information they may have regarding me, whether or not such information is in their records. I release my current/former employer(s) and their agents and employees from all damages for issuing such information to ABVI.

Signature _____ Date _____

Witness _____ Date _____