



Volunteer Application

PLEASE READ CAREFULLY

Thank you for your interest in the Association for Association for Adults with Developmental Disabilities (AADD). **In order to have your application processed, you must thoroughly answer all questions on the application form. Applications filled out incompletely will not be considered.** While we encourage you to attach a resume, please note that a resume will not substitute for completing any portion of this application. All information will be treated confidentially.

Association for Adults with Developmental Disabilities, an Equal Opportunity Volunteer Organization, considers applicants for all positions without regard to race, color, religion, sex, age, national origin, disabled or veteran status, or other legally protected status.

MISSION STATEMENT: Association for Adults with Developmental Disabilities a 501 (c) (3) agency offering developmentally disabled adults a professionally guided environment to enhance social and emotional skills. Group sessions, social and educational activities nurture greater independence, positive work habits, and enhanced personal relationships. We seek to create public awareness and acceptance of the issues confronting our members. Our goal is to maximize their ability to live fuller independent lives within their community.



Association for Adults with
Developmental Disabilities

Volunteer Application

Last Name		First	Middle Initial	Social Security No.	
Street Address			City	State	Zip Code
Home Phone () ()	Work Phone () ()	Cell Phone () ()	Email Address		
Position Applied For (Title)		Department	Job Code	Day & Time Available	Date Available
How did you learn of this vacancy (please list the specific employee, newspaper, web site, or other source)?					
Have you previously used any other names besides what is provided above? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify below:					
Are you over 18 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Are you eligible for employment in the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes (If offered employment, you will be required to provide documentation to verify eligibility.)					

Education

High School Name		City	State	Diploma/Equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No
College and/or Technical School Name		City	State	Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No
Major		Degree Earned	If degree not earned, years completed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Other Training or Degrees School Name			City	State
Major		Degree Earned		

Professional Licenses

Title	No.	State	Expiration Date
Title	No.	State	Expiration Date

Record of Conviction

Have you ever been convicted of a crime other than a minor traffic offense (including during Military Service)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:
A record of a criminal conviction will not necessarily bar you from volunteering.

Equal Opportunity Employer

Volunteer History: List current/last volunteer opportunity first, include U.S. military service.

Employer Name		Address		City	State	Zip Code
Telephone No. ()		Your Title		Department		
Beginning Date	Ending Date		Supervisor's Name & Title			
If you are still employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Summary of duties:						
Reason for leaving:						

Employer Name		Address		City	State	Zip Code
Telephone No. ()		Your Title		Department		
Beginning Date	Ending Date		Supervisor's Name & Title			
Summary of duties:						
Reason for leaving:						

Employer Name		Address		City	State	Zip Code
Telephone No. ()		Your Title		Department		
Beginning Date	Ending Date		Supervisor's Name & Title			
Summary of duties:						
Reason for leaving:						

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Skills

List software in which you are proficient:									
List computer programming language in which you are proficient:									
Second Languages (including Sign Language):					Fluency				
Language					Written				
					<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Spoken		
					<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
					<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Please list any other skills relevant to the position for which you are applying:									

Have you ever been discharged or asked to resign from a job? No Yes If yes, explain:

I hereby certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I understand that false statements of any kind or omission of facts called for on this application are a basis for dismissal regardless when they are discovered. I understand that any volunteerism offered is for an indefinite duration, unless otherwise specified in writing, and is at-will, which means that either I or Association for Adults with Developmental Disabilities may terminate my volunteerism at any time with or without notice or cause. I further understand that neither the policies, rules, regulations of employment, application for employment, nor anything said during the interview process shall be deemed to constitute the terms of any implied employment contract.

Signature of Volunteer: _____ Date: _____