

Volunteer Application



NEW HAMPSHIRE COUNCIL ON
DEVELOPMENTAL DISABILITIES

Personal Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Education (circle last year completed):

Grade: 8 9 10 11 12

College: 1 2 3 4 Other _____

Current Status:

___ Working outside the home for _____

___ Homemaker

___ Retired

___ College Student

___ Unemployed

___ High School Student

Mode of Transportation:

___ Car

___ Bus

___ Other _____

Demographic Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for volunteer work with the Council.

Race/Ethnicity (please select only one option from the following):

___ White

___ Black/African American

___ Asian

___ Hispanic/Latino

___ Native Hawaiian/Other Pacific Islander

___ American Indian/Alaskan Native

___ Two or more races

___ Some other race

___ Race unknown

___ Do not wish to answer

Have you or a family member ever served in the military? _____

Availability

During which hours (between 9 AM and 3 PM) are you available for volunteer assignment?

Monday _____ - _____

Tuesday _____ - _____

Wednesday _____ - _____

Thursday _____ - _____

Friday _____ - _____

Interests

In which areas are you most interested in volunteering?

Clerical work (making copies, filing, etc.)

Media

Events

Outreach

Policy

Deliveries

Special Skills or Qualifications

Microsoft Excel

Data entry

Microsoft Word

Writing

Social media

Research

You may use the space below to summarize any other special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Accommodations

Will you require any accommodations while volunteering with the Council? Please explain.

Previous Volunteer Experience

Please summarize any previous volunteer experience.

Person to Notify in Case of Emergency

Name	
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Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Reference Information

Please provide the name and contact information of two personal/professional/educational references.

Name of Reference #1	
Relationship	
Phone Number	

Name of Reference #2	
Relationship	
Phone Number	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.