

# SOAR Volunteer Application



115 E. Washington Street – PO Box 3157  
Bloomington, IL 61702  
(309) 434 – 2260  
[www.cityblm.org/soar](http://www.cityblm.org/soar)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ School/College \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Birthday \_\_\_\_\_

Why are you interested in volunteering for SOAR? \_\_\_\_\_

\_\_\_\_\_

Previous experience with individuals with disabilities \_\_\_\_\_

\_\_\_\_\_

Please list all previous volunteer experience \_\_\_\_\_

\_\_\_\_\_

If your volunteer work is for a class or other requirement, please provide those details

\_\_\_\_\_

\_\_\_\_\_

Skills/interests/hobbies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate your availability to volunteer next to each of the designated days:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

(over) \_\_\_\_\_ →

**Programs interested in volunteering for (list in order of interest)**

***Program details, including dates and times are listed in the SOAR program guide/brochure which is available on our website.***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Have you ever been dismissed or asked to resign from any position (if so, please explain)**

\_\_\_\_\_

**I hereby certify that the information provided above is true and complete to the best of my knowledge.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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**Office Use Only**

**Interview** \_\_\_\_\_

**Orientation** \_\_\_\_\_

**Other** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_