

# SOAR Volunteer Application



109 E. Olive St.  
Bloomington, IL 61701  
(309) 434 - 2260  
[www.bpard.org/soar](http://www.bpard.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

-----  
*Office Use Only*

Interview \_\_\_\_\_

Orientation \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_