

# Volunteer Application

Name:

Address:   
Street City Street Zip

Drivers License #

Employer:

Position:  Number of years Employed:

Please describe any skills or talents that you are willing to share with ROI:

Length of Time Available:  3 Months  6 Months  1 year

Number or Hours per week available:

Please list previous volunteer experience:

## References

Name:

Address:

Phone Number:

Relationship:

Name:

Address:

Phone Number:

Relationship:

If accepted as a volunteer, I understand the following topics will be discussed with me prior to my assignment:

1. Purpose, Background, and Mission of ROI
2. Client Rights and Confidentiality
3. ROI Policies and Volunteer Limitations
4. Understanding needs and desires of adults with developmental disabilities
5. Details of my assigned volunteer task

AGREE

Applicants full name:

Date:

# Volunteer Emergency Information

Name:  SSN:

Address:   
Street City Street Zip

Phone Number:

Primary Care Doctor:

Hospital Preference:

Phone Number:

Date of Birth:  Blood Type:

Known Illnesses:

Heart Condition:

Previous Heart Attacks (Dates)

High Blood Pressure:

Diabetes:

Stroke:

Low Blood Pressure:

Cancer

Other

Known Allergies:

Medical Aides (Pacemaker, contacts, etc)

Current medications: (Mediation - Daily Dosage)

## In Case of Emergency Contact:

Name:

Name:

Address:

Address:

Phone Number:

Phone Number:

Relationship:

Relationship: