



Advocates
for Access

4450 N. Prospect Rd., Suite C8
Peoria Heights, IL 61616

309.682.3500 (V) 309.682.3567 (TTY)
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VOLUNTEER APPLICATION

PERSONAL DATA

Name: _____

Home Phone: _____

Address: _____

Work Phone: _____

In case of an emergency, whom can we contact?

Name: _____

Relationship: _____

Phone: _____

EMPLOYMENT / VOLUNTEER INFORMATION

Employer: _____

Position: _____

Address: _____

Phone: _____

Describe work:: _____

Dates worked: _____

Employer: _____

Position: _____

Address: _____

Phone: _____

Describe work:: _____

Dates worked: _____

Employer: _____

Position: _____

Address: _____

Phone: _____

Describe work:: _____

Dates worked: _____

"Empowering People With Disabilities To Live Independently In Our Community"



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REFERENCES

Name: _____ Relationship: _____

Address: _____ Phone: _____

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Name: _____ Relationship: _____

Address: _____ Phone: _____

ADDITIONAL EXPRIENCES

What academic experiences will help you as a volunteer? _____

What special training or skills do you have that would benefit this organization?

Do you have any hobbies or interests? _____

SCHEDULE

When are you available?

Days: _____ Times: _____

When can you begin volunteering? _____

What specific program area would you prefer to work in? _____

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