

## WINGS Volunteer Application, 2011

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone and/or Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Colorado Driver's License Number: \_\_\_\_\_

License plate number: \_\_\_\_\_

Make and model of car/truck: \_\_\_\_\_

You will be required to pass background, reference and motor vehicle checks. Is this acceptable to you? \_\_\_\_\_

Which hours do you prefer to volunteer? \_\_\_\_\_

Have you had any experiences, whether personal or professional, with a person with developmental disability? Explain: \_\_\_\_\_

Emergency Contact (name, relationship and number) \_\_\_\_\_

Why do you want to volunteer at WINGS? What do you feel you can bring to the program? \_\_\_\_\_

I consent to be screened and the information released to WINGS regarding a criminal background check, a driving record for the state of Colorado and a sex offender search.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

You will be trained on the minimum training guidelines designed by the Division of Developmental Disabilities for the state of Colorado.

I do not have, or am a carrier of a serious infectious or communicable disease, such as, but not limited to incurable, fatal or debilitating diseases, which cannot be eliminated or reduced by reasonable accommodation. A current example would include, but not be limited to tuberculosis.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_