

ONE TO ONE VOLUNTEER PROGRAM APPLICATION

Section 1: Personal Information:

Name: _____
Male Female Non Binary Ethnicity _____ Date of Birth: ___/___/_____
Street address: _____
City: _____ State: _____ Zip code: _____
Cell phone: _____ Home phone: _____
Work phone: _____ Best DAYTIME contact: Cell E-mail Work Home
E-mail address: _____
Current Employer or School: _____
Occupation or School: _____ Employer: _____
Any volunteer experience? _____
Speak other languages? Pls. note if (P)assable or (F)luent *Example: Spanish (F)* _____

Hobbies/Interests: _____

How did you hear about MABVI? Internet Volunteer Match Magazine/Newsp Flyer If flyer where did you see it? _____ Other _____

If you are required to volunteer, is it for *school's community service requirement?
 *court-ordered community service?
 NOT REQUIRED *other reason?

*If volunteer service is required, please explain: _____

What interests you about this particular volunteer program? _____

Section 2: Transportation

Using a Car? Yes No If YES: Do you have auto insurance? Yes No

If you'll be using a car, please list your **valid U.S. Driver's License #:** _____

Have you received a moving violation within the past 5 years? Yes No

If Yes, please explain _____

Do you use Public Transportation? Yes No

All volunteers: Mark the checkbox below to show that you have read the following sentence:

I understand that MABVI volunteers are not permitted to use a consumer's car.

Section 3: Volunteer Tasks

(check all that interest you)

- Reading – *Read mail and other materials with consumer.*
- Clerical tasks – *Help consumer with filling out forms, correspondence*
- Internet Use/Technology – *Help consumer navigate technology/devices*
- Errands – *Go with consumer on errands such as the bank, post office, pharmacy.*
- Grocery Shopping – *Go with consumer to shop for groceries.*
- Clothes Shopping – *Go with consumer to help choose clothing.*
- Recreation – *Fitness activities such as running, walking, swimming, gym, cycling, other*
- One-Time volunteer opportunities – *events, concerts or other activities in addition to your one on one volunteering*
- MAB events – *Marathon events, appreciation dinners, annual meeting, etc.*
- Medical Driver- Central Mass only
- MAB on the move – *(office use only)*

Section 4: Assistive Technology

Do you have experience with assistive technology (AT) Yes No

Check all that apply:

- I use it I would like to use it
- I have taught it I would like to learn how to teach it

Check all that you have experience with:

- Screen reader Video Magnification
- Augmentative alternative communication TTY
- Dictation Software Braille devices
- Mobile Assistive Technology MAC accessibility
- Windows Accessibility other

Section 5: Availability

Indicate when you might be available to volunteer: please place an “X” in those boxes below.

	M	T	W	Th	F	Sat	Sun
Mornings							
Afternoons							
Evenings							

Any details about your schedule? _____

What type of time commitment would you like to make? (Check one or both)

Daily Weekly Bi-monthly Monthly Occasionally

How Many hours are you available?

1-2 hours 2-4 hours 4+ hours

Section 6: Preferences

Prefer to be matched with... Prefer to be matched with...

No preference Male Female Non-smoker Doesn't matter

Any pet allergies? _____ Prefer someone without animals? No pref Yes _____

In what towns/areas would you accept an assignment? _____

Have you ever been investigated by the Disabled Persons Protection Commission? Yes No

Section 7: References

TWO REFERENCES ARE REQUIRED. One must be a **person in a supervisory role** (present or past employer, teacher, pastor, rabbi, coach, counselor, volunteer supervisor). The other reference can be a colleague or friend; **please NO family members or significant others.** **MABVI reserves the right to request additional references if deemed necessary.**

<u>Name</u>	<u>E-mail address</u>	<u>How do you know this person?</u>
1. _____	_____	_____
2. _____	_____	_____

I certify that the information given in this application is true and complete to the best of my knowledge. I authorize MABVI to investigate any statement deemed necessary, and to complete a criminal background check and sex offender check. I also agree to inform MABVI if any of my information changes, or if I am convicted of a crime during the time that I am involved with MABVI.

Signature: _____

Printed name: _____ Date: _____

If under 18, Parent's signature: _____

