



Please send completed application to Donna Wager, dewager@brailleinstitute.org

VOLUNTEER APPLICATION

Name: _____
First Middle Last

Address: _____
Number & Street Apt. City State ZIP Code

Phone: _____ **Birthday:** _____ / _____
Cell Home/Other Month Day

Email: _____

Personal Reference: _____ **Phone:** _____

Emergency Contact: _____ **Phone:** _____

Volunteer Experience (most recent):

Organization: _____ From - To: _____

Position/Duties: _____

Employment (most recent):

Company: _____ From - To: _____

Job Title/Duties: _____

Education (check highest level):

- High School Diploma Some College College Degree Post-Graduate

Languages: _____
Primary Other

I am interested in the following available volunteer opportunity(s):

Visit <https://brailleinstitute.org/volunteer> for listing by center.

1. _____
Volunteer Opportunity Braille Institute Center

2. _____
Volunteer Opportunity Braille Institute Center

Why would you like to volunteer at Braille Institute? What do you expect from the experience, and what can Braille Institute expect from you?

Day(s) available: _____ **Hours available:** _____

Are you required to volunteer? Yes or No: _____

If yes, please explain:

Check area(s) of interest/experience:

___ **Creative Arts:** Basketry, ceramics, knitting & crocheting, gardening, general crafts

___ **Healthy Living:** Exercise, yoga, dance, health & wellness, music

___ **Languages and Codes:** Spoken languages, braille, sign language (LA center only)

___ **Library:** Circulation: checking books in and out, shelving books, assisting patrons, Book, Player Repair, Telephone Reader Program (recording)

___ **Reception/Clerical:** Answering phones, welcoming and directing visitors, general clerical duties

___ **Technology:** Access Technology, Mainstream Devices (iPhone, android, iPad, etc.)

___ **Other** _____

Please read the following before signing:

1. I understand that this is an application for and not a commitment or promise of a volunteer position.
2. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Braille Institute that is true, correct and complete to the best of my knowledge. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Braille Institute or my termination as a volunteer.
3. I understand that I must be at least 18 years of age to volunteer at Braille Institute. If exception is made and I am 16-17 years of age and/or attending high school, I will need parental consent.
4. If selected as a volunteer of Braille Institute, I agree to abide by the policies and procedures of the organization and the department/s to which I may be assigned. This includes being fingerprinted in order to be assigned to any volunteer position.
5. I agree that if I am selected as a volunteer of Braille Institute, all the work I perform is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature*

Date

*Your typed name represents your signature

All qualified applicants for volunteer positions will receive equal opportunity for consideration without regard to race, color, religion, sex, pregnancy, childbirth, or related medical conditions, gender, gender identity, gender expression, national origin, ancestry, physical disability, mental disability, age, medical condition, genetic information, marital status, military and veteran status, sexual orientation, or any other basis protected by federal, state, or local laws.

Thank you for your interest in Braille Institute.