



## VOLUNTEER APPLICATION

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

*\* Copies of Driver's License and Social Security Card are required.*

PLEASE CHECK THE APPROPRIATE BOX(ES):

- Personal Experience with a Disability
- Knowledge/Understanding of Independent Living Philosophy
- Interest in Disability Issues

INTERESTED IN THE FOLLOWING TASKS: (check all that apply)

- Answer telephone
- Photo copy
- Light clerical tasks
- Provide Transportation
- Work Information Booth
- Assist in Community Education Presentations
- Peer Counseling
- IL Skills Training
- Assist with Craft/Exercise Classes
- Accessibility Surveys
- Fundraising
- Other \_\_\_\_\_

DO YOU HAVE COMPUTER SKILLS?:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT COMPUTER PROGRAMS HAVE YOU USED?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW MANY WPM DO YOU TYPE?

\_\_\_\_\_

DO YOU KNOW AMERICAN SIGN LANGUAGE?

\_\_\_\_\_  
\_\_\_\_\_

WHAT OTHER SKILLS DO YOU HAVE, SUCH AS: ANOTHER LANGUAGE, FUND RAISING, FILING, ETC?

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WHAT SKILLS DO YOU WANT TO BRING TO ETCIL AS YOUR CONTRIBUTION?

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DO YOU NEED SPECIAL WORK ACCOMMODATIONS, AND IF SO, WHAT DO YOU NEED?

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REFERENCES: Professional and/or personal, not related to you.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

**I hereby submit my application for volunteer work at ETCIL. I have completed the above information truthfully and agree to abide by the policies and procedures of the agency.**

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date



## VOLUNTEER SERVICE AGREEMENT

I understand and support the mission of ETCIL. I will strive to maintain a high level of knowledge about the services offered so that I may pass that information along for the betterment of people with disabilities

Whenever I am working with an ETCIL consumer, I will respect the freedom of choice of that individual. I understand that my role as a volunteer service provider is to be an advocate and a partner in helping others to meet their needs and goals. If a conflict between my personal interest and values and those of any individual with whom I work does develop, I will refrain from using my position as a volunteer to exert any undue influence. I will do my best to remember that every individual has his or her own value system and choice of life style and in practicing the philosophy of independent living, it is their right to make those choices.

I will respect the privacy of people with whom I have contact as a volunteer for ETCIL. This includes consumers of services, other persons with disabilities, the Board of Directors, Staff, and my fellow volunteers. I understand that any information about those seeking or receiving services from ETCIL is considered confidential and is not to be discussed elsewhere. I have read, understand and agree to abide by the formal ETCIL Confidentiality Policy.

I will distinguish clearly between statements I may make and actions I may take as an individual with those as a representative of ETCIL. I understand and agree that I will act as a representative of ETCIL only in circumstances in which I am specifically requested to do so. During such times, the limits of my authority to represent ETCIL will be decided by staff and ultimately the Board of Directors. I understand it is clearly my responsibility to clarify the limits of that authority whenever they are not absolutely clear to me. I understand that I can be held personally liable for any unauthorized financial or other commitments I make representing ETCIL wrongfully. I will maintain records of my time and travel accurately and will complete any other records as instructed by my supervisor. I understand that I am accountable to the ETCIL Board of Directors and Executive Director for my actions as a volunteer.

I understand that in the capacity as a volunteer with ETCIL, I assume all liability for any personal injury I might sustain while conducting volunteer activities. I further understand that I perform these volunteer activities at my own risk and that ETCIL does not have any insurance coverage which covers me.

I understand and agree to the principles contained in this volunteer service agreement.

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Volunteer Signature

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Date