



CVI VOLUNTEER APPLICATION

Personal Information:

Name: _____

Address: _____

City, State and Zip: _____

Email: _____

Preferred Method of Contact: _____

Home Phone: _____ Cell: _____

Date of Birth: _____ Last 4 digits SS #: _____

In case of an Emergency Contact:

Contact Name: _____

Phone: _____

Relationship to you: _____

Employment:

Employer: _____

Telephone: _____

May we contact you at work? _____ Yes _____ No

Do you have a car and a valid Driver's license? ____ Yes ____ No

Drivers License Number and State Issued: _____

If you do not drive, do you have a personal State ID?

State ID Number _____

Education:

High School/Grade Completed: _____

College or University/ Degree: _____

Major: _____

Formal Training:

Previous industry experience? _____

Years of experience? _____

Technology Experience:

Are you familiar with the Microsoft Word Suite? _____ Yes _____ No

What is your Microsoft Word Suite skillset? Beginner, intermediate or advanced

How often do you use the Microsoft Word Suite?

Daily, Monthly or Annually

Skills:

Do you have any previous experience working with persons who are blind or visually impaired? _____ Yes _____ No

If yes, please explain:

What method of transportation would you use to volunteer at the Center for the Visually Impaired? _____

Days & Times that you are available to volunteer:

Mornings _____

Afternoons _____

Evenings _____

Weekends _____

Volunteer Experience:

Are you presently a volunteer: _____ Yes _____ No

Do you have any previous experience volunteering? _____ Yes _____ No

If yes, please specify

Name of Organization: _____

Location: _____

Dates of Service: _____

Role(s): _____

Preferred Volunteer Activities: Please indicate any number of the following volunteer activities in which you would like to participate.

_____ Other

Community Services: Which may have you assist blind or visually impaired persons in the community by:

_____ Being a friendly visitor to the seniors we serve

_____ Reading (e.g. personal correspondence, books)

_____ Helping with errands (e.g. grocery shopping, banking, light housekeeping I cooking)

_____ Chaperone on Day trips

_____ Chaperone with Transition Teen program

In House Support:

_____ Calling Clients (Event Notifications)

_____ Clerical Duties (e.g. typing, photocopying, data entry)

_____ Tape recording information for visually impaired students

_____ Call businesses for employment opportunities in all four counties.

_____ Phone Calls to seniors

_____ Telephone calling for events, luncheons, meetings

_____ Lending artistic talents in helping to develop and produce (e.g. agency video, photo gallery, displays, collateral materials for fundraising)

_____ Driver

_____ Sighted Guide

_____ Reader

_____ Email, Phone and Written correspondence

_____ Chaperone

_____ Event decorating/planning

_____ Professional lectures

Briefly tell us why you wish to volunteer at the Center for the Visually Impaired: _____

References:

Please complete the following for two references, one personal and one business or volunteer related. We will contact references, so if you would, please give us daytime phone numbers. In order to work with our students a background check must be completed by the Center for the Visually Impaired.

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

CENTER FOR THE VISUALLY IMPAIRED IS HELD HARMLESS IN THE EVENT OF AN ACCIDENT OR DEATH WHILE ON SITE.

Date: _____

Applicant Signature: _____

You have my permission to check my references

CENTER FOR THE VISUALLY IMPAIRED

Volunteer Confidentiality Agreement

The concept of confidentiality is based on the individual's right to privacy and has both legal and ethical implications. Information from or about clients may not be shared or used by staff or volunteers with the exception of the following:

1. The client appears to be a danger to himself or to others
2. The release of information is in response to a legal order (subpoena, etc.)
3. When requested in writing by the client or the client's legal representative

It is the responsibility of the Centers staff and volunteers to keep all client personal information confidential and to exercise extreme caution not to inadvertently mention client information while in a location (restaurant, elevator, bus, etc.) where others may overhear.

By my signature below, I agree to abide by this confidentiality rule.

Print Name: _____

Signature: _____

Date: _____

Criminal background checks are completed before starting the volunteer program.