

VOLUNTEER APPLICATION

Name: _____ Date: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

How did you hear about us? _____

Do you have any past experience interacting with an individual who experiences an intellectual or developmental disability? _____

Please describe hobbies, skills, and/or previous volunteer or work related experiences that would be applicable to our needs:

Why are you interested in becoming a volunteer with Kintsugi? What do you hope to gain out of the experience? _____

Which days/times are you available to volunteer?

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Are you at least 16 years of age? (circle one): Yes or No

Are you willing to submit to a background check and/or drug screen? (circle one): Yes or No