

Staff Initials _____
Card & Email _____
Database _____
DG initials _____

Volunteer Information

EMERGENCY CONTACT

Date _____

Name _____

Relationship _____

Telephone _____

Name _____

Address _____ Apt. # _____

City _____ State _____ ZIP _____

Telephone (Home or work?) _____ (Cell) _____

E-Mail Address _____

Employer _____ Occupation _____

If retired, previous occupation _____

How did you become interested in reading to the blind? _____

Who referred you to Blind Service? _____

Will your volunteer hours be towards a Service Learning Project? _____ How many hours? _____

Please circle your highest level of education:

High School Technical College Graduate School Other

Degree(s)/ Fields of Specialty _____

Fields of Specialty _____

Hobbies or special interests _____

Neighborhood Newspaper _____

-----PREFERENCES-----

Please indicate the times you are available to read:

	M	T	W	TH	F	S
AM						
PM						

Would you be willing to accept an assignment outside of our office? _____

If yes, please circle acceptable sites. Person's Office Person's Home Library

Also, indicate which parts of the city or which suburbs you would be willing to travel to for reading. _____

Would you be willing to assist a blind person with research at a public library? _____

Please list any past experience you have had interacting with blind or visually impaired individuals. _____

Do you have an allergy to dogs? _____

Place a checkmark next to the material you are able and willing to read:

- Algebra Trigonometry Statistics Calculus
- Biology Chemistry Computer Sexually Explicit
- Religion Musical Notes Spanish French
- Other Foreign Languages _____

Would you be willing to do clerical work (example: mailings, data entry, etc.)? _____

Would you be willing to go on outside field trips with the consumers? _____

Have you volunteered with any other organizations? If so, where? _____

-----REFERENCES-----

Please list three references who are not family members.

1) Name _____
Address _____ Unit # _____
City _____ State _____ ZIP _____
Phone _____
Relationship to you _____

2) Name _____
Address _____ Unit # _____
City _____ State _____ ZIP _____
Phone _____
Relationship to you _____

3) Name _____
Address _____ Unit # _____
City _____ State _____ ZIP _____
Phone _____
Relationship to you _____

Date www.isp.state.il.us checked _____

-----**AGREEMENT**-----

I understand that some of the material I will read to the blind will contain private information and agree to respect the confidentiality of such information. I also agree to respect the privacy of any personal information relayed to me by such said person.

Signed_____ Date_____