



VOLUNTEER APPLICATION FORM

Name: _____ DOB: _____

Address: _____, State and
Zip _____

City, State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact (s)

Name: _____ Relationship: _____ #: _____

Name: _____ Relationship: _____ #: _____

1. Have you ever worked with individuals with intellectual or developmental disabilities before?

YES

NO

2. Please indicate which sport you are interested in volunteering for.

3. Are you capable of performing the essential duties of the volunteer job you have been offered?

YES

NO

4. Do you have any injury or condition that requires a reasonable accommodation in order for you to be able to perform the essential duties of the volunteer job you have been offered?

YES

NO



If yes, what accommodations do you need to perform the duties for this volunteer position?

5. Has a healthcare provider placed any limitation on your ability to sit, stand, push, pull, walk or run?

YES

NO

I certify that all facts and representations made by me are true, accurate and made willingly and intentionally.

Signature of Volunteer

Date:

Volunteer Name Printed

Company Representative

Please email your completed form to MASL@meaningfuldays.net