



Volunteer Application

Name _____ Phone _____

Address _____

Email _____

Emergency Contact _____

Highest level of education completed _____ Shirt size _____

Medical history (do you have any medical limitations that may affect your ability to volunteer):

Work history (do you have experience working with individuals with cognitive/physical disabilities):

Tell us why you wish to volunteer at Meghan's Place? _____

Skills/interests _____

Certifications (ex. CPR, first aid) _____

Photo release: *I give Meghan's Place permission to use my picture in any media coverage of the agency. This may include the monthly newsletter, social media, local media coverage, and other publications.* Initials _____

Individuals with disabilities are often considered “vulnerable.” The physical and emotional safety of our members is a primary concern. Please help us by providing the following:

**If you are under the age of 18, please provide 2 references we can contact about you!

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

**If you are 18 or older, we require a background check. By signing below, you are giving us permission to complete a background check.

Name _____ Date _____

Thank you so much for your interest in the mission of Meghan’s Place!

For Office Use Only

Interview date: _____ Staff signature: _____

Notes: _____
