

## VOLUNTEER APPLICATION

TPDS Inc. encourages the participation of volunteers who support our mission. If our purpose agrees with your philosophies, and you are willing to be interviewed and trained in our procedures, please complete this application. Please print out, then mail or fax OR print out and manually complete and then mail to us. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

First, Last Name: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Ph#: \_\_\_\_\_

Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Do you have any special talents/skills that you think might benefit TPDS INC ? \_\_\_\_\_

If **yes**, please describe: \_\_\_\_\_

**Your Interests:** Please place  in each box that notes an area in which you might be interested.

  
  
  
  

General office: phone handling, filing, word processing, etc.  
Events  
Fundraising  
Program Support

  
  
  

Public Relations/Marketing  
Public Speaking  
Warehouse/Inventory Management  
Not sure, need more information

**Availability:** Please  all that days that generally apply to your schedule.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

I am flexible

**Preferred Times to Volunteer**

Mornings

Afternoons

All Day Assignments (10:00 AM - 4:00PM) Time Frame \_\_\_\_\_ - \_\_\_\_\_

Do you have physical considerations requiring accommodations? If yes, please explain: \_\_\_\_\_

Please provide an emergency contact: \_\_\_\_\_

Emergency Contact Ph#: \_\_\_\_\_

Do You Have A Valid (FL State) Driver's License?    Yes    No    License #: \_\_\_\_\_

Have You Ever Been Convicted For Violation Of Any Laws, Traffic Or Otherwise?    Yes    No

If Yes, Please Explain: \_\_\_\_\_

How did you learn about volunteering with TPDS Inc ?

VolunteerMatch

Radio/TV/Newspaper (Please note which media outlet):

TPDS Website

TPDS Staff, Board member or other volunteer (Please note the person's name so we can thank them!)

Friend (Please note their name so we can thank them!):

Other (Please share details):

If selected as a volunteer, I agree to adhere to the policies and procedures of TPDS. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_