

SOAR Volunteer Application



115 E. Washington Street – PO Box 3157
Bloomington, IL 61702
(309) 434 – 2260
www.cityblm.org/soar

Name _____ Date _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Employer _____ School/College _____

Emergency Contact _____ Emergency Phone _____

Birthday _____

Why are you interested in volunteering for SOAR? _____

Previous experience with individuals with disabilities _____

Please list all previous volunteer experience _____

If your volunteer work is for a class or other requirement, please provide those details

Skills/interests/hobbies _____

Please indicate your availability to volunteer next to each of the designated days:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____ Sunday _____

(over) _____ →

Programs interested in volunteering for (list in order of interest)

Program details, including dates and times are listed in the SOAR program guide/brochure which is available on our website.

1. _____
2. _____
3. _____
4. _____
5. _____

Have you ever been dismissed or asked to resign from any position (if so, please explain)

I hereby certify that the information provided above is true and complete to the best of my knowledge.

Signature

Date

Office Use Only

Interview _____

Orientation _____

Other _____
