



InnerVision, LLC

### VOLUNTEER APPLICATION

Name		
Address		Apt. Number
City	State	Zip Code
Home Telephone	Mobile Telephone	Date of Birth
Email Address (required)		Alternate Email Address
Have you previously volunteered at IVS: <input type="checkbox"/> Yes <input type="checkbox"/> No		

### EDUCATION

Name of School	Diploma or Degree Received	Major
High School or Equivalency	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate/Post Graduate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Professional/Business/Trade	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### EMPLOYMENT

<input type="checkbox"/> Past <input type="checkbox"/> Present		Name of Employer
Nature of Business	Name of Supervisor	Telephone Number
Length of Service	Title of Position	

**VOLUNTEER**

<input type="checkbox"/> Past <input type="checkbox"/> Present	Name of Organization
Length of Service	Type of Service Provided

**SKILLS & TRAINING**

Special Skills or Training in the area(s) of education, disabilities, or instructional technology?
Special Skills or Training?
Why do you want to volunteer at InnerVision?
Where did you hear about InnerVision?

**SCHEDULE AVAILABILITY**

Mon AM <input type="checkbox"/> PM <input type="checkbox"/>	Tue AM <input type="checkbox"/> PM <input type="checkbox"/>	Wed AM <input type="checkbox"/> PM <input type="checkbox"/>	Thu AM <input type="checkbox"/> PM <input type="checkbox"/>	Fri AM <input type="checkbox"/> PM <input type="checkbox"/>	Sat AM <input type="checkbox"/> PM <input type="checkbox"/>
--	--	--	--	--	--

**AREAS OF INTEREST**

<input type="checkbox"/> Education	<input type="checkbox"/> Leadership	<input type="checkbox"/> Instructional Technology	<input type="checkbox"/> Disability	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Writing Articles/Lessons	<input type="checkbox"/> Research	<input type="checkbox"/> Computer	<input type="checkbox"/> Online Resources
<input type="checkbox"/> Other (please explain)				

REFERENCES (required)

Name	
Street or Email Address	
Daytime Telephone Number	Relationship

Name	
Street or Email Address	
Daytime Telephone Number	Relationship

IN CASE OF AN EMERGENCY, PLEASE NOTIFY

Name	
Street or Email Address	
Daytime Telephone Number	Relationship

Have you ever been convicted of a crime in this state or elsewhere (not including traffic or parking violations)?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:
(A conviction record will not necessarily be a bar to employment, and factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

I certify that I have read and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Inner Vision, LLC that is true, correct, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Inner Vision, LLC. I understand that misrepresentations or omissions may be caused for my immediate rejection as an applicant for a volunteer position with Inner Vision, LLC or my termination as a volunteer.

Signature	Date
-----------	------