

CDC RESOURCES, INC.
CREATING OPPORTUNITIES FOR ALL ABILITIES

5053 Norway Road, Monticello, IN 47960

1320 E Angelica Street, Rensselaer, IN 47978

VOLUNTEER APPLICATION

Name: _____ **Application Date:** _____

Address: _____ **Phone (H):** _____

City, State, Zip: _____ **Phone (W):** _____

EDUCATIONAL EXPERIENCE

Name of Last School: _____ **Major Studies:** _____

Other Training or Education: _____

WORK EXPERIENCE

Currently employed? Yes No (circle one) **Last Employer:** _____

Position/Title/Duties: _____

OTHER INFORMATION

Previous Volunteer Experience: _____

Have you ever worked with people with disabilities before? Yes No (circle one)

Do you prefer to work with a group or on an individual basis? _____

Special Interests, Talents or Skills: _____

Day and Hours Available to Volunteer: _____

REFERENCES

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

I agree that CDC Resources, Inc., its staff and/or officers shall not be held responsible for any accidental injury or illness that might occur while acting in a volunteer capacity. I further agree to adhere to the agency policy on maintaining consumer confidentiality and dignity.

Signature: _____

Date: _____