

Volunteer Application

Contact information:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Availability:

Please specify the days and times you are able to volunteer.

___ Monday from ___: ___ - ___: ___ ___ Thursday from ___: ___ - ___: ___

___ Tuesday from ___: ___ - ___: ___ ___ Friday from ___: ___ - ___: ___

___ Wednesday from ___: ___ - ___: ___

How often would you like to volunteer?

___ Once a week ___ Once a month ___ Other

If you checked 'other', please explain: _____

Interests:

In which areas are you best suited to volunteer?

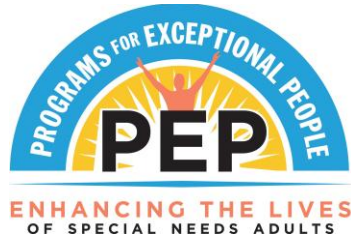
___ Assist with administrative tasks such as filing, photocopying, mailing, and answering phones

___ Support members on site with educational and vocational activities

___ Assist with PEP micro-business including ceramics, lawncare, cleaning crew, or maintenance

(For office use only) Date of Tour: _____

39 Sheridan Park Circle - Suite 2 - Bluffton, SC 29910
(843) 681-8413 - www.pephhi.org



___ Help with fundraising efforts

___ Support members at contracted worksites

___ Assist with recreation and leisure activities and trips

Special Skills and/or Qualifications:

What skills and/or qualifications do you have to offer as a volunteer at PEP?

Volunteer Experience:

Have you worked as a volunteer before? If so, what did you do?

Background Checks:

Do you authorize PEP to conduct background checks through SLED, the National Sex Offender Registry, DSS, and any additional references as needed?

YES

NO

Agreement and Signature:

By submitting this application, I affirm the facts set forth are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature: _____ Date: _____

Thank you for your interest in volunteering with Programs for Exceptional People!

(For office use only) Date of Tour: _____

**39 Sheridan Park Circle - Suite 2 - Bluffton, SC 29910
(843) 681-8413 - www.pephhi.org**