

THE SEEING HAND ASSOCIATION

**750 Main Street
Wheeling, WV 26003
(304) 232-4810**

www.seeinghandassociation.com

VOLUNTEER APPLICATION

PLEASE PRINT

Date _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone #: (_____) _____

Are you 18 years of age or older? ____ Yes ____ No

Have you ever been convicted of a felony? ____ Yes ____ No

AVAILABILITY

How much time would you like to donate per week? _____

Do you prefer morning or afternoon work? _____

Which days are you available? _____

Please place a check mark next to the type of volunteer work that might interest you:

____ development and ____ maintenance or ____ clerical work
Public relations assistance janitorial assistance

____ youth camp assistant ____ transportation (proof of a valid driver's license &
Current vehicle insurance is required)

____ SHA Auxiliary

____ other (please explain): _____

Please place a check mark next to the kinds of equipment that you can operate:

___ computer

___ Braillewriter

___ tape recorder

___ copy machine

___ Multi-line telephone

___ camera and/or
video camcorder

___ cash register

___ typewriter

VOLUNTEER EXPERIENCE

Organization Name: _____

Address: _____

Phone #: _____

From: _____ To: _____ Supervisor: _____

Summarize responsibilities: _____

Organization Name: _____

Address: _____

Phone #: _____

From: _____ To: _____ Supervisor: _____

Summarize responsibilities: _____

REFERENCES

Please list three (no relatives) individuals whom we may contact for a reference if necessary.

Name	Occupation	Address	Phone Number
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1. _____

2. _____

3. _____

IMPORTANT – Please read the following statements carefully before you sign and return this application.

I certify that answers given herein are true and complete to the best of my knowledge; and will be kept confidential by the Seeing Hand. I understand that any misrepresentation or omission of any information on the volunteer will result in any disqualification from consideration for volunteer work, **(please initial here.)**

I authorize The Seeing Hand to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability The Seeing Hand and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information, **(please initial here.)** _____

This volunteer application is current for only 60 days. At the conclusion of this time, if I have not heard from The Seeing Hand Association and still wish to be considered for volunteer work, it will be necessary to fill out a new application, **(please initial here.)**

I represent and affirm that I have read and fully understand the foregoing and seek volunteer work under these conditions.

Signature of _____ **Date** _____
Applicant

Revised: 11-1-13