

AIM Center for Independent Living

Volunteer/Intern Application

Name _____ Phone _____

Address _____

Email _____

On the chart below, please indicate the hours and days you are available:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How many hours would you like to work per week? _____

Volunteer and Work Experience:

Employer	Job Duties

Please list any other special skills or knowledge:

Reasonable accommodations needed:

Are you familiar with the Independent Living Philosophy?

YES

NO

Please mark areas of interest:

<p>Clerical Assistance</p> <ul style="list-style-type: none"><input type="checkbox"/> Answering Phone<input type="checkbox"/> Operating Copy Machine<input type="checkbox"/> Collating<input type="checkbox"/> Operating Fax Machine<input type="checkbox"/> Filing<input type="checkbox"/> Mailings	<p>Computer Skills</p> <ul style="list-style-type: none"><input type="checkbox"/> Typing/Data Entry<input type="checkbox"/> Word<input type="checkbox"/> Excel<input type="checkbox"/> Powerpoint<input type="checkbox"/> Internet<input type="checkbox"/> Research for consumers (Google, etc)
<p>Miscellaneous</p> <ul style="list-style-type: none"><input type="checkbox"/> Disability Awareness Presentations<input type="checkbox"/> Fundraising/Benefit Activities<input type="checkbox"/> Maintenance Needs<input type="checkbox"/> Outreach<input type="checkbox"/> Other _____	

List three personal or professional references

Name: _____ **Phone:** _____

Relationship: _____

Name: _____ **Phone:** _____

Relationship: _____

Name: _____ **Phone:** _____

Relationship: _____

How did you hear about AIM Center for Independent Living? _____

I agree that if I become a volunteer/intern at AIM Center for Independent Living, the Center's Internship Preceptor/Volunteer Coordinator is given permission to contact the above mentioned references.

Signature of Applicant

Date