

## Contact Information

|                     |  |
|---------------------|--|
| Name                |  |
| Address             |  |
| Primary Phone       |  |
| Textable Cell Phone |  |
| E-Mail Address      |  |

## Availability

During which hours are you available for volunteer assignments?

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekday evenings |
| <input type="checkbox"/> Sat/Sun mornings | <input type="checkbox"/> Sat/Sun afternoons | <input type="checkbox"/> Sat/Sun evenings |

What date are you available to start? \_\_\_\_\_

## Interests

Tell us in which areas you are interested in volunteering (some projects can be completed at home)

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Administration     | <input type="checkbox"/> One-time Events | <input type="checkbox"/> Group work w/ people with aphasia  |
| <input type="checkbox"/> Website Assistance | <input type="checkbox"/> Publicity       | <input type="checkbox"/> 1-on-1 work with people w/ aphasia |
| <input type="checkbox"/> Data Entry         | <input type="checkbox"/> Fundraising     | <input type="checkbox"/> Other (please describe on back)    |

## Special Skills or Qualifications

Summarize your applicable skills and qualifications. Use back if more space is needed.

How did you hear about TAP? \_\_\_\_\_

## 2 References (1 personal reference & 1 work reference)

| Name | Email Address / Phone |
|------|-----------------------|
|      |                       |
|      |                       |

## Agreement and Signature

By submitting this application, I affirm that the facts are true and complete. I understand that if I am accepted as a volunteer, any false statement, omission, or other misrepresentation on this application may result in my immediate dismissal.

|           |      |
|-----------|------|
| Signature | Date |
|           |      |