Contact Information
Name
Address
Primary Phone
Textable Cell Phone
E-Mail Address

Availability
During which hours are you available for volunteer assignments?

☐ Weekday mornings ☐ Weekday afternoons ☐ Weekday evenings
☐ Sat/Sun mornings ☐ Sat/Sun afternoons ☐ 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)

☐ Administration ☐ One-time Events ☐ Group work w/ people with aphasia
☐ Website Assistance ☐ Publicity ☐ 1-on-1 work with people w/ aphasia
☐ Data Entry ☐ Fundraising ☐ 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