

# IOWA DEPARTMENT FOR THE BLIND VOLUNTEER APPLICATION

PLEASE PRINT OR TYPE

Date \_\_\_\_\_

Name \_\_\_\_\_ M or F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # - Home \_\_\_\_\_ Work \_\_\_\_\_

Cell # \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail Address \_\_\_\_\_

How did you hear of our volunteer program?

- Website       Blind friend/family       Brochure  
 Other Agency       Department Staff  
 Media (radio, TV, newspaper)  
 Other \_\_\_\_\_

What are your volunteer interests?

- Brailist       Braille Proofreader       Data Entry  
 Home Narrator       Studio Narrator       Filing  
 Studio Monitor       Studio Producer/Reviewer  
 Machine Repair       Tape Rewinder

Hours available (circle appropriate choices):

Weekday    Weekend    Morning    Afternoon    Evening

Why are you interested in volunteering for the Department? \_\_\_\_\_

Are you:     Retired  
               Employed  
               Student - Major? \_\_\_\_\_  
               Other \_\_\_\_\_

Primary Occupation (current or past) \_\_\_\_\_

Do you speak a language other than English?

\_\_\_ Yes (Please specify) \_\_\_\_\_

\_\_\_ No

Have you volunteered before? \_\_\_ Where? \_\_\_\_\_

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What were your duties? \_\_\_\_\_

What are some of your interests/hobbies? \_\_\_\_\_

What length of volunteer commitment do you anticipate making?

\_\_\_ 3 months \_\_\_ 6 months \_\_\_ 1 year \_\_\_ On-going

In case of emergency, whom can we notify? (Name, address, phone #)

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Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's signature \_\_\_\_\_

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For Volunteer Coordinator's Use:

Referred to \_\_\_\_\_ Date \_\_\_\_\_