

# DISABILITY EMPOWERMENT CENTER

## **VOLUNTEER APPLICATION**

*NOTE: Please PRINT or TYPE.*

### **GENERAL INFORMATION**

Today's Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Numbers

Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

e-mail

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

### **AFFILIATIONS**

Organizations (clubs, etc.) with which you are affiliated:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

## EXPERIENCE & INTERESTS

Please indicate if you have experience and/or interest in any of the following areas by checking the appropriate box(es).

AREA OF EXPERIENCE/INTEREST	EXPERIENCE	INTEREST
Accounting	<input type="radio"/>	<input type="radio"/>
Advocacy	<input type="radio"/>	<input type="radio"/>
Fund-Raising	<input type="radio"/>	<input type="radio"/>
Grant-Writing	<input type="radio"/>	<input type="radio"/>
Leadership	<input type="radio"/>	<input type="radio"/>
Legal	<input type="radio"/>	<input type="radio"/>
Management	<input type="radio"/>	<input type="radio"/>
Marketing	<input type="radio"/>	<input type="radio"/>
Program Development	<input type="radio"/>	<input type="radio"/>
Public Relations	<input type="radio"/>	<input type="radio"/>
Public Speaking	<input type="radio"/>	<input type="radio"/>
Other: _____	<input type="radio"/>	<input type="radio"/>
Other: _____	<input type="radio"/>	<input type="radio"/>

## FAMILIARITY WITH DISABILITY ISSUES

What experience(s) have you had with people with disabilities? \_\_\_\_\_

---

---

---

---

### SUBMITTING YOUR APPLICATION

Please submit your application to:

Executive Director  
Disability Empowerment Center  
941 Wheatland Ave, Suite 201, Lancaster, PA 17603 fax (717) 394-7930