



3439 Glen Oaks Blvd. Sioux City, IA 51104
www.opportunities.com | (712) 277-8295

VOLUNTEER APPLICATION

Name _____
Last First Middle

Address _____
Street City/State/Zip

Telephone _____
Home # Cell#

Email Address _____

PERSONAL DATA

Date of Birth _____

Church Affiliation _____ City _____

Do you have any physical limitations which may limit your volunteer activities? _____

If yes, please explain _____

How did you hear about, or become interested in volunteering at Opportunities Unlimited?

____ Friend ____ Relative ____ Brochure ____ Other _____

EDUCATION

High School _____ **Location** _____

Years Completed ____ Did you receive a diploma? ____ GED? _____

Technical School _____ **Location** _____

Course of Study _____

College _____ **Location** _____

Years Completed ____ Degree _____

Major _____ Minor _____

EMPLOYMENT

Are you presently employed? _____ If yes, where? _____

What is your position _____ How many hours/week do you work? _____

Previous Work Experience:

Place of Employment _____ City/State _____

Employment Dates _____ Responsibilities _____
(from - to)

Place of Employment _____ City/State _____

Employment Dates _____ Responsibilities _____
(from - to)

VOLUNTEER INFORMATION

Do you have any previous volunteer experience? _____ Where? _____

What were your responsibilities? _____

Areas of Interest at Opportunities Unlimited:

Availability:

Please specify if you prefer days, evenings, weekends, whether you're available year-round, etc.

I acknowledge that I have chosen to serve as an unpaid volunteer for Opportunities Unlimited. My time and service are given without the expectation of pay or wages and I will not accept any form of compensation, benefits or other remuneration for this service. I understand that the activity is purely voluntary and I may withdraw from the activity at any time. I understand that as a volunteer, I am not an employee under any federal or state law and am not subject to workers' compensation insurance in the event of any injury or illness related to the performance of the activities, or entitled to any other employee right or employee benefit provided by organizational practice, policy, or state or federal law. I hereby release Opportunities Unlimited, its officers and management, from any and all liability resulting from claims of illness or injury, claims for compensation including minimum wage and overtime, and claims for employee benefits during or after the performance of my volunteer service.

FOR OFFICE USE ONLY

Starting Date _____ Volunteer Assignment _____

Orientation Checklist:

- Mission & Purpose
- Tour
- Communicable Diseases, Safety Information
- Confidentiality Notice Signed



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CONFIDENTIALITY NOTICE

While at Opportunities Unlimited, you are encouraged to talk about your experiences, but please remember that all private information such as consumer diagnosis, finances, health, and behavior is confidential. A breach of consumer confidentiality can result in immediate termination of hours spent at Opportunities Unlimited.

I understand the consequences of breach of confidentiality and will not disclose any private consumer information.

Volunteer _____

Date _____

Supervisor _____

Date _____