

## Easterseals Central and Southeast Ohio Volunteer Application and Interest Survey

Name:	Phone: ( )		
Address:	City:		
State Zip Code:			
	Yes □No □If yes, when?  ome volunteer opportunities have age restrictions)		
Current Occupation:			
Employer/School:			
Current Job Duties:			
(Check all that apply) Morning ☐ After	ay		
·	•		
Fundraising/Special Events			
How did you loarn about Eastersoals?			
How did you learn about Easterseals?  Are you the primary caregiver for a child/children or an aging parent?  Do you, or someone you know, have a disability?  What is your current education level?			
		List any Certifications that you currently possess (i.e. teaching, lifesaving, CPR):	
List any training, education, or work experience the disabilities:	at you have had that relates to working with individuals with		
Yes, I would like to receive the Easterseals Newsle	etter.		
Yes, I would like to receive email updates on upcoming events and volunteer opportunities. □			
Emergency Contact			
Name:	Phone: ( )		
I certify, by my signature below, that the information complete to the best of my knowledge.	nation represented on this application is true and		
	/ /		
Volunteer Signature	Date		
Easterseals Central and Southeast Ohio, Inc. 3830 Trueman Court	For Office Use Only		
Hilliard, OH 43026	Rec'd: Communicated/Card: Volunteered Y/N: Location:		
614-228-5523	Civic Date: Volunteered Y/N: Location:		