



## Notre Dame Pedi Pals Volunteer Application

### Contact Information

<b>Name:</b>	
<b>Street Address:</b>	
<b>City/State/ Zip Code</b>	
<b>Home Phone</b>	
<b>Work/Cell Phone</b>	
<b>E-Mail Address</b>	

### Availability

**During which hours are you available for volunteer assignments?**

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings	Hours? _____
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons	Hours? _____
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings	Hours? _____

### Person to Notify in Case of Emergency

**Name**  
**Street Address**  
**City ST ZIP Code**  
**Home Phone**  
**Work Phone**  
**E-Mail Address**

## Agreement and Signature

**By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand that by submitting this application I authorize inquiries to be made concerning my employment, character and public records for the purpose of determining my suitability as a volunteer. I agree to respect the confidentiality of any client information I acquire in the course of my volunteer activities with Notre Dame Pedi Pals.**

<b>Name (printed)</b>	
<b>Signature</b>	
<b>Date</b>	

## Personal References (excluding family members)

1) **Name** \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long has she/he known you? \_\_\_\_\_

2) **Name** \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long has she/he known you? \_\_\_\_\_

3) **Name** \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long has she/he known you? \_\_\_\_\_

## Additional Questions

Do you know a language other than English? Yes \_\_\_\_\_ No \_\_\_\_\_  
Language \_\_\_\_\_ Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

How did you hear about Notre Dame Pedi Pals? \_\_\_\_\_

Why do you want to be a Pedi Pals volunteer? \_\_\_\_\_

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What qualities (skills, talents, experiences) do you feel you will bring into your Pedi Pals volunteer work?

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Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. \_\_\_\_\_

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Summarize your previous volunteer experience:

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### **Our Policy**

**It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.**

**Thank you for completing this application form and for your interest in volunteering with Notre Dame Pedi Pals Program !**