



**P.O. Box 6368
Evansville, IN 47719-0368
812-963-5198**

Volunteer Application

Thank you for your interest in Jacob's Village. This application provides us with the basic information needed to approve your request to serve as a volunteer with Jacob's Village. Your honesty in responding to the information requested is greatly appreciated and we look forward to your assistance in our mission of serving the Developmentally Disabled.

Mission Statement

We are guided by a belief in the uniqueness of every individual, and the right of that individual to realize his or her full potential. The mission of Jacob's Village is to support adults with developmental disabilities in their pursuit of developing life skills, interests and maximum independence. To fulfill this mission, Jacob's Village will offer a comprehensive program of residential, vocational, educational and social support services in an environment that fosters lifelong learning, self-sufficiency and dynamic community.

Background

Jacob's Village is a private not-for-profit residential community for developmentally disabled located in Evansville, Indiana, guided by Christian principles.

Volunteer Pledge

As a volunteer at Jacob's Village, I pledge to:

- ❖ Respect the rights, dignity & privacy of residents, staff & other volunteers at Jacob's Village;
- ❖ Treat everyone equally regardless of sex, ethnic origin, religion or ability;
- ❖ Observe the guidelines for volunteers at Jacob's Village;
- ❖ Participate in any & all training or supervision required of me to assist the residents or programs of Jacob's Village

Volunteer Interest

I choose to volunteer at Jacob's Village:

- Put spare time to good use
- Interest in Community Involvement
- Desire to help and serve others
- Establish a Work Record
- Required to perform Voluntary Service hours
- Other _____

I can help with:

- Computer needs _____
- Day Programs _____
- Fund Raisers _____
- Office/ Clerical _____
- Yard/ Grounds _____
- Other _____

Jacob's Village – Volunteer Application Form

Date: ____/____/____

Name: _____ Phone: ____/____/____

Address: _____ City: _____ Zip: _____

May we contact you by e-mail: Yes ___ No ___ E-mail Address: _____

Emergency Contact Name: _____ Phone: ____/____/____

Previous Experience

Have you had previous related work or volunteer experience? Yes ___ No ___

Have you had experience working with Developmentally Disabled Adults? Yes ___ No ___

Please indicate where and Describe your activities: _____

Availability

When are you able to volunteer? Please indicate all times you would be available:

	Mon	Tues	Wed	Thurs	Fri	Sat
Morning						
Afternoon						
Evening						

How many hours per week could you be available? _____

Is your volunteer availability time limited - _____ or open ended - ___?

Could we call on you to volunteer on short notice? Yes ___ No ___

Education

High School Graduate ___ College ___ Degree - Yes ___ No ___ Major _____

Special Training or skills that you have to use in a volunteer capacity [CPR, 1st Aid, Languages, Crafts, Gardening, Computer, Recreational, etc] _____

Screening

Are you willing to submit to a State Police and Sexual Offender criminal check? Yes ___ No ___

Have you ever been convicted of any criminal offenses? Yes ___ No ___

Please list one family member and two non-family members who have knowledge of your skills, abilities and qualifications.

Name: _____ Relationship _____ Phone _____
Address: _____ City _____ Zip _____ e-mail _____

Name: _____ Relationship _____ Phone _____
Address: _____ City _____ Zip _____ e-mail _____

Name: _____ Relationship _____ Phone _____
Address: _____ City _____ Zip _____ e-mail _____

I (print name) _____, authorize Jacob's Village to collect personal information appropriate to the position applied for and verify the character references I have supplied.

Signed

Date

Please return this form to:
Jacob's Village, Inc.
P.O. Box 6368
Evansville, IN 47719-0368
812-963-5198