



# Family Advocacy & Support Network

COLLABORATING FOR AN INCLUSIVE COMMUNITY

## VOLUNTEER APPLICATION

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

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

Do you have any past experience interacting with an individual who experiences an intellectual or developmental disability? \_\_\_\_\_

\_\_\_\_\_

Please describe hobbies, skills, and/or previous volunteer or work related experiences that would be applicable to our needs:

\_\_\_\_\_

\_\_\_\_\_

Why are you interested in becoming a volunteer with FASN? What do you hope to gain out of the experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which days/times are you available to volunteer?

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Are you at least 16 years of age? (circle one):    Yes    or    No

Are you willing to submit to a background check and/or drug screen? (circle one):    Yes    or    No

Questions? Contact Charlene Dobry 541-880-4863 [Charlene@fasnfamilynetwork.org](mailto:Charlene@fasnfamilynetwork.org) or Yecenia Rodriguez 541-591-5507 [Yecenia@fasnfamilynetwork.org](mailto:Yecenia@fasnfamilynetwork.org)