

Volunteer Application

Partners in Personal Assistance

1100 N. Main Street Suite 117

Ann Arbor, MI 48104

Phone: (734) 214-3890

Fax: (734) 214-0644

Email: info@annarborppa.org

PPA will not discriminate against any volunteers based on race, color, sex, religion, national origin, ancestry, age, disability or marital status. Your response to any question will not be used as a basis for discrimination, but will be judged on its relevance to the volunteer position you are seeking.

Personal Information Volunteer Application

Date of Application / /

Name (Last)	(First)	(Middle initial)	
Home Address	City	State	Zip
Home phone	Driver's License#		
Email Address			
In Case of Emergency Notify: Name		Relationship	
phone	Address		
<u>Do you smoke?</u>			
<u>Please answer the following questions: (Attach additional sheets if necessary.)</u>			
Why do you want to be a volunteer for PPA?			
What personal strengths &/or special skills would you bring to your role with PPA?			
What challenges do you envision you might encounter in this type of work?			
<u>How did you hear about PPA?</u>			
Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> yes <input type="checkbox"/> no			
If yes, please explain offense & final disposition:			
<u>Please be informed that a background check is conducted on all PPA volunteers</u>			

PLEASE READ THIS CAREFULLY!

In submitting this volunteer application, I understand that an inquiry will be made whereby information is obtained regarding my character, general reputation, educational background, and/or criminal history. I authorize anyone possessing this information to furnish it to Partners in Personal Assistance (PPA) and I release anyone so authorized, & PPA, from all liability and damages whatsoever in furnishing, obtaining or using said information.

In the event I am selected for volunteer status at PPA, I understand that false or misleading information given in my application or interview (s) may result in immediate dismissal. I understand I must abide by all policies & procedures set forth by the Board of Directors.

I understand and agree that if chosen as a volunteer, either I or PPA may end our relationship at any time, for any reason, or for no reason.

Applicant's signature

Date signed

4/24/07