



*Our mission is to reunite people
living with physical disabilities
with the community.*

Volunteer Application

Date _____

Name _____
 First **MI** **Last**

Residence
Address _____

Phone _____ E-mail _____

Employer
Name _____

Your title _____

Address _____

Phone _____ E-mail _____

Type of business or organization _____

Primary service(s) and area/population served _____

Preferred method of contact **Work** **Residence**

Please list organizations that you have volunteered at (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization	Role/Title	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Education/Training/Certificates

Have you received any awards or honors that you'd like to mention?

How do you feel Wheels of Progress would benefit from your involvement as a volunteer?

Skills, experience and interests (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Finance, Accounting | <input type="checkbox"/> Policy Development |
| <input type="checkbox"/> Personnel, Human Resources | <input type="checkbox"/> Program Evaluation |
| <input type="checkbox"/> Administration, Management | <input type="checkbox"/> Public Relations, Communications |
| <input type="checkbox"/> Nonprofit Experience | <input type="checkbox"/> Education, Instruction |
| <input type="checkbox"/> Community Service | Special Events |
| <input type="checkbox"/> Grant Writing | Other _____ |
| <input type="checkbox"/> Fund Raising | Other _____ |
| <input type="checkbox"/> Outreach, Advocacy | Other _____ |



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Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of Wheels of Progress.

Please tell us anything else you'd like to share.

Thank you very much for applying!

E-mail completed application to:
volunteers@wheelsofprogress.org

or mail to:
Wheels of Progress
1325 5th Avenue Suite 4B
New York, NY 10029

FOR BOARD USE

Volunteer reviewed by the committee Date_____

Board action: Accepted Rejected Date_____

Assignment: _____ Date_____