



FORGOTTEN NO MORE, INC.
PO Box 2456
Lancaster, OH 43130
501(c)3 registered non-profit organization

Forgotten No More, Inc.

Volunteer Application Form

1. General Information:

Name (as on passport): _____
First Middle Last

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

Email: _____

Birth Date: _____ Age: _____ Place of Birth: _____

Gender: Male Female

Passport #: _____ Expiration Date: _____ Nationality: _____

How did you hear about Forgotten No More? _____

Have you had any experience working with individuals who have an intellectual disability? Yes No
If Yes, please describe...

Please write a brief description of why you want to come and volunteer time with Forgotten No More.

2. Personal Information:

A. Health

Is your health: Good Moderate Poor (explain): _____

Do you have health insurance? Yes No

Are you presently under medical treatment that would affect your working? If Yes, please briefly explain...

B. Work

I am able to work _____ hours/day.

I am able to work in the following areas. Please indicate your skill level in each area.

0(*none*) to 5(*competent*)

General Skills	Skill Level					
Administration	0	1	2	3	4	5
Art (<i>drawing, painting, singing, music...</i>)	0	1	2	3	4	5
Basic Construction (<i>welding, concrete, block, etc...</i>)	0	1	2	3	4	5
Carpentry (<i>desks, shelves, chair, etc...</i>)	0	1	2	3	4	5
Computer	0	1	2	3	4	5
Electrical	0	1	2	3	4	5
Painting	0	1	2	3	4	5
Plumbing	0	1	2	3	4	5
Special Needs Skills	Skill Level					
Adaptive Equipment –assessment & building	0	1	2	3	4	5
Occupational Therapy	0	1	2	3	4	5
Physical Therapy	0	1	2	3	4	5
Speech Therapy	0	1	2	3	4	5
Special Needs Training – staff development	0	1	2	3	4	5
Special Needs Education – program development	0	1	2	3	4	5

Other skills or qualifications (please specify): _____

3. Emergency Information:

In case of an emergency, whom shall we notify?

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

Email: _____, _____

Relationship: _____

RELEASE OF LIABILITY:

I hereby release Forgotten No More, Inc., its officers, agents, employees and volunteers from any liability whatsoever arising out of any injury, damage, loss or death which may be sustained by me during the course of involvement with the activities of Forgotten No More, Inc.

Signature: _____ Date: _____

(If applicant is under 18 years of age, signature of parent or responsible guardian is required.)

Signature: _____ Relationship: _____ Date: _____

CONSENT FOR TREATMENT:

I/We hereby agree to the performance of such treatment, anesthetics and operations as, in the opinion of the attending physician, is deemed necessary on:

Name: _____ Date: _____

Applicant's Signature _____ Date: _____

(If applicant is under 18 years of age, signature of parent or responsible guardian is required.)

Signature: _____ Relationship: _____ Date: _____

**Applicants coming as an individual volunteer, and not with a team, are required to be 21 or older.*