

# MyAgrAbility Inc. Volunteer Application

Thank you for your interest volunteering with MyAgrAbility! We're excited to have you join our team! Please fill out all questions and e-mail the completed form to [myagrability@gmail.com](mailto:myagrability@gmail.com).

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Do you have a driver's license or state-issued

Address: \_\_\_\_\_ identification card? (Circle One) YES/NO

\_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

Event(s) Interested In: \_\_\_\_\_

Will you need documentation showing volunteer hours? \_\_\_\_\_

As an organization that works with children and adults with special needs and disabilities, we require a background check. Do you give us permission to run a background check on you? (Circle One) YES/NO

Do you have a criminal background (violent or non-violent) that we should know about? (Circle One) YES/NO

If yes, please explain. \_\_\_\_\_

Do you have experience working with special needs kids/adults? (Please be specific)

\_\_\_\_\_  
\_\_\_\_\_

Do you have experience working with animals, equipment or crops? (Please be specific)

\_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer with MyAgrAbility Inc.?

\_\_\_\_\_  
\_\_\_\_\_

What days/times are you available for volunteering? \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

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