TIES

*Together Including Every Student*

Return form to the TIES Coordinator [TIES Coordinator Name] at [email]

or [optional – drop off or mailing location – i.e. school]

# Peer Volunteer Application

| | |
|---|---|
| Name: | Date: |
| Preferred pronouns (optional): | Birthdate: |
| Home Address:<br><br>Any allergies or medical information that would be helpful for us to know about you?<br><br>Emergency Contact: | |
| School: | Grade: |
| Email address: | Phone number:<br>Is this a cell phone?<br>Is it ok to receive text messages? |
| **Current/Previous Volunteer Activities:** Please describe any volunteer work you have done in school or your community: | |
| **Personal Interests/Hobbies:** List a few of your personal interests and hobbies. | |
| **Personal Attributes:** What personal qualities would help you support an individual with a developmental disability? | |
| **Preferred Activities:** Are there certain extracurricular or community activities where you particularly enjoy providing support? | |

| |
|---|
| **Goals for Volunteering:** What are you hoping to learn from this volunteer experience? |
| **Additional Information:** Please share any other information about yourself or your experiences that may be helpful: |

| **Personal References**<br>Please provide two unrelated references for us to contact | |
|---|---|
| **Name:** | **Name:** |
| **Phone:** | **Phone:** |
| **Email:** | **Email:** |
| THIS SECTION TO BE COMPLETED BY TIES PROGRAM COORDINATOR | |
| Relationship with the volunteer: | Relationship with the volunteer: |
| How long have you known the volunteer? | How long have you known the volunteer? |
| Characteristics of the Volunteer (responsible, reliable, etc.) | Characteristics of the Volunteer (responsible, reliable, etc.) |
| Do you have any knowledge of the volunteer's experience working with individuals with developmental disabilities? Please explain. | Do you have any knowledge of the volunteer's experience working with individuals with developmental disabilities? Please explain. |