



Blind & Vision Rehabilitation Services of Pittsburgh

1816 Locust Street • Pittsburgh, PA 15219

CONTACT INFORMATION: Leslie Montgomery, Vice President of External Affairs
 412-368-4400 Ext. 2253 Email: lmontgomery@pghvis.org

Volunteer Information Form

Name:

Street:

City, State, Zip:

Preferred Telephone Number: () Mobile ____ Work ____ Home ____

Date of Birth (Optional) : Email Address:



Employment Information:

Employer's Name:

Address:

Phone Number: () Email Address:

Job Title:

Supervisor's Name: Phone Number: ()

May we contact your supervisor as a reference? Yes ____ No ____



Background Information:

Education:

Other Volunteer Experience:

Are you comfortable working with individuals with disabilities

Have you ever worked or volunteered with individuals with disabilities? Yes ____ No ____

Please describe experience:

* Please note that orientation and sighted guide training will be required prior to your first shift as a volunteer.

Hobbies, Special Interests, Skills:

What important things should we know about you?

Are you fluent in any language(s) other than English (including sign language)? Yes ____ No ____

Language(s) _____

Are you certified in? First Aid ____ CPR ____

Other? _____

Physical Limitations:

Blind & Vision Rehabilitation Services Volunteer Interest:

What types of volunteer work are you interested in? (check all that apply):

Agency Services: Receptionist _____ Clerical _____ Client Program Aide _____

Client Services: Driver _____ Event Escort _____ Activity Assistant _____ Shopping Aide _____

Are you willing to transport clients? Yes _____ No _____ (if yes, please answer the following questions)

Do you have a valid Pennsylvania Driver's License? Yes _____ No _____

Do you have a reliable, adequately insured vehicle? Yes _____ No _____

Can you also provide transportation for a working dog? Yes _____ No _____

* A valid driver's license and a copy of your proof of insurance will be required prior to transportation.

When are you available to volunteer? Weekends _____ Weekdays _____ Daytime _____ Evening _____

How did you hear about us?

Emergency Information:

Emergency Contact:

Relationship:

Emergency Contact Phone Numbers Home: ()

Work/Cell: ()

List Two References (Name and Phone Number):

Confidentiality Agreement

I agree to uphold the Client's right to privacy with regard to all matters pertaining to his/her training. In the performance of my duties as a volunteer at Blind & Visions Rehabilitation Services of Pittsburgh, I will hold in confidence all Client-related information. I understand that any violation of Blind & Vision Rehabilitation Services policy or the Client's right to privacy may result in immediate dismissal.

Please understand that all volunteers must pass all required state & federal clearance checks. More details will be given when interviewed.

SIGNATURE _____ DATE _____