



# 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? Yes No

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 \_\_\_\_\_