 **Volunteer Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |
| City & State: |  | Email: |  |

**Signing Skills:**

|  |  |  |  |
| --- | --- | --- | --- |
| Are you deaf or hearing? | |  | |
| What is the highest level ASL class you have taken? | |  | |
| Would you describe your ASL as: | \_\_\_\_\_Beginning | \_\_\_\_\_Intermediate | \_\_\_\_\_Advanced |
| If you are a certified interpreter, what certification? | |  | |
| If you have taken the SLPI, what level? | |  | |

**Experience & skills:**

|  |  |
| --- | --- |
| Describe your volunteer experience: |  |
|  |  |
|  |  |
| Describe any special skills, i.e. technology, AV equipment, etc.: |  |
|  |  |
|  |  |

**Please let us know when you will be here. Check all available days (add any comments):**

|  |  |  |
| --- | --- | --- |
| Yes/No | Days | Comments about your availability |
|  | Thursday, October 11, 2018 |  |
|  | Friday, October 12, 2018 |  |
|  | Saturday, October 13, 2018 |  |
|  | Sunday, October 14, 2018 |  |
|  | Monday, October 15, 2018 |  |

**Person to Notify in Case of emergency:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | Relation: |  |
| Emergency Contact Phone: | |  | | |

The number of volunteers we accept might be determined by funding, we will confirm acceptance by Monday, September 30, 2018.