

Volunteer Assistant Application

Handitots – A Faith-Based Day Program for Adults with Intellectual & Developmental Disabilities

Thank you for your interest in serving with Handitots.

Our volunteers play a vital role in creating a safe, joyful, and supportive environment where adults with special needs can learn, grow, and experience community. Please complete the application below so we can learn more about you and your heart for this ministry.

Personal Information

- Full Name: _____ Date of Birth: _____
- SSN: _____ Address: _____
- City / State / ZIP: _____
- Phone Number: _____ Email Address: _____
- Preferred Method of Contact: _____

Volunteer Interest

- Why would you like to volunteer with Handitots?
- How did you hear about Handitots?
- Which days are you available? (Circle all that apply)
- Monday• Tuesday• Wednesday• Thursday• Friday• Saturday
- Preferred Time(s) and days: (Circle all that apply)
- Morning• Afternoon• Full Day
- What type of support are you comfortable providing? (Circle all that apply)
- Assisting with daily activities• Helping with crafts, games, or learning stations
- Supporting community outings• Helping with meals/snacks
- Administrative or organizational tasks• Other (please describe):



Experience & Skills

- Do you have experience working with individuals with intellectual or developmental disabilities?
- Yes / No
- If yes, please describe.
- Do you have any certifications?
(CPR, First Aid, CNA, DSP, etc.)

Safety & Background

***Please note: All volunteers must complete and pass a background check prior to Volunteering. We must have a copy of your driver's license and social security card**

Handitots is committed to protecting the dignity, safety, and well-being of every participant.

- Have you ever been convicted of a felony or misdemeanor? (Circle one)
- Yes / No
- If yes, please explain:

- Are you willing to complete a background check?
- Yes / No
- Emergency Contact Name:
- Emergency Contact Phone:
- Relationship:

Agreement:

By submitting this application, I affirm that the information provided is true and complete to the best of my knowledge. I understand that volunteering with Handitots requires patience, compassion, and respect for all individuals. I grant permission for Handitots to conduct a criminal background check, at no cost. Please provide a copy of your driver's license and social security card.

Signature _____ Date: _____