



**CLB Office Only:**

Orientation Date: \_\_\_\_\_

Dates References Received: #1 \_\_\_\_\_ #2 \_\_\_\_\_

Approved as Volunteer: Y \_\_\_\_\_ N \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**Columbia Lighthouse for the Blind  
Volunteer Position Application**

Please return completed form to Columbia Lighthouse for the Blind  
ATTN: Volunteer Department, 1825 K Street, NW, Suite 1103, Washington, DC 20006

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Best time/ location/ format to contact you: \_\_\_\_\_  
Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

How did you hear of Columbia Lighthouse for the Blind Volunteer Program? \_\_\_\_\_  
\_\_\_\_\_  
Please list your interests, skills and hobbies: \_\_\_\_\_  
\_\_\_\_\_  
Please list any languages, other than English, that you speak, read and/or write: \_\_\_\_\_  
\_\_\_\_\_  
Are you allergic to or otherwise prefer not to deal with dogs and/or cats? \_\_\_\_\_

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\*Please provide the explanation for the decision:

Use the space below to describe current or previous volunteer experience. List organization names(s), positions held and dates of service.

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### VOLUNTEER OPPORTUNITIES

Please rate your preferences from 1-5 with 1 being of greatest interest.

- |   |  |
|---|--|
| <input type="checkbox"/> Reader/Friendly Visitor    | <input type="checkbox"/> Summer Camp Program |
| <input type="checkbox"/> Annual Events              | <input type="checkbox"/> Career Development  |
| <input type="checkbox"/> Office Support (as needed) | <input type="checkbox"/> Phone-a-Friend      |
|   | <input type="checkbox"/> Fundraising Events  |

Describe volunteer services not listed you would like to offer to CLB: \_\_\_\_\_

Preferred volunteer location (ex. Alexandria, Bethesda):

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Days and times available to volunteer:

Weekday: \_\_\_\_\_

Evening: \_\_\_\_\_

Weekend: \_\_\_\_\_

Which is most important to you?

Location

Assignment

Time Frame

Other (please describe): \_\_\_\_\_

Do you have a vehicle? \_\_\_\_\_

Are you willing to drive someone in your vehicle? \_\_\_\_\_

Emergency Contact: (Please list someone to contact in case of an emergency)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Contact Numbers Day: \_\_\_\_\_ Evening \_\_\_\_\_

**ALL VOLUNTEERS PLANNING TO VOLUNTEER WITH COLUMBIA LIGHTHOUSE ARE REQUIRED TO COMPLETE THIS PAGE.**

Have you ever been convicted of any criminal offense?    \_\_\_ Yes        \_\_\_ No

If yes, please provide date(s), offense, court and sentence: \_\_\_\_\_

Has your driver's license ever been suspended or revoked?        \_\_\_ Yes        \_\_\_ No

If yes, please provide date(s) and circumstances: \_\_\_\_\_

Is there any fact of circumstance involving you that would call into question your being entrusted with personal matters and visiting the homes of individuals whom are blind or visually impaired?    \_\_\_ Yes    \_\_\_ No

If yes, please explain:

Please list below the names and addresses of two persons (other than family members) you have sent reference forms to:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

I understand that:

- The information that I have provided may be verified by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information;
- My failure to complete this information may directly affect completion of the application process;
- In signing this application, I affirm that the information I have given is true and correct.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## VOLUNTEER GUIDELINES

Columbia Lighthouse for the Blind (CLB) works with visually impaired persons of all ages. In order to serve the best interests of our clients, the Lighthouse requests all volunteers to agree to the following regulations:

1. All new volunteers are required to attend an orientation before beginning an assignment.
2. Respecting confidentiality is important. Volunteers will respect the privacy of all CLB clients and not reveal anything concerning a client's personal affairs that they may learn during their assignment, except as may be necessary to CLB staff.
3. Please make a commitment to your assignment. If you cannot keep an appointment with a client, please provide them with as much notice as possible. If you are scheduled to work a group project, or at Columbia Lighthouse, contact the Volunteer Program Specialist if you are unable to participate.
4. Please understand that this is a volunteer opportunity. If you feel uncomfortable with an assignment, please contact the Volunteer Program Specialist. You can be assigned another opportunity or you can wait before continuing your volunteer work.
5. Some important reminders:
  - Do not accept or lend money
  - Do not administer medication
  - Do not use any substances (alcohol/drugs) prior to or during a visit
  - Do not lift heavy objects
  - Do not do house cleaning
6. If you are asked to do something that has not been discussed with you prior to your assignment, please check with the Volunteer Program Specialist.
7. Your safety is important to us. Please feel free to let the Volunteer Program Specialist know of any unsafe situations for your or the client.
8. Volunteers are given specific assignments. If you are asked to make any changes, additions, etc. by a client, please clear them with the Volunteer Program Specialist.
9. Please call with any questions or concerns.

**I understand the above Volunteer Guidelines and will follow them to the best of my ability. If any of the guidelines come into question, Columbia Lighthouse reserves the right to dismiss my volunteer services.**

Name (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PUBLICITY RELAEASE FORM**

I, \_\_\_\_\_ hereby grant permission to Columbia Lighthouse for the Blind to use my name, photo, video recordings, verbal statements and other information about me for publicity, fund raising and other related purposes in promoting the programs , services and activities of Columbia Lighthouse for the Blind.

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_