



PACE/OAR Volunteer Application

NAME:			
ADDRESS:			
CITY/STATE/ZIP:			
HOME PHONE		WORK PHONE:	
CELL PHONE:		EMAIL:	
HOW DO YOU PREFER WE CONTACT YOU?			
VOLUNTEER INTERESTS	<input type="checkbox"/> YARD SALE, SEPTEMBER 15, 2007 <input type="checkbox"/> SPECIAL EVENTS COMMITTEE <input type="checkbox"/> CLIENT MENTORING (TRAINING REQUIRED) <input type="checkbox"/> FACILITATE A WORKSHOP _____ (TOPIC) <input type="checkbox"/> BOARD OF DIRECTORS <input type="checkbox"/> OTHER SKILL OR SERVICE _____		
HOW DID YOU HEAR ABOUT PACE/OAR?			
WHY ARE YOU INTERESTED IN VOLUNTEERING WITH PACE/OAR?			
PLEASE DESCRIBE YOUR SKILLS AND EXPERIENCE.			

I _____ understand and agree that data, materials and information disclosed may contain confidential and protected information. I hereby promise not to disclose nor discuss such confidential or protected information to either internal or external parties without prior written consent of PACE/OAR, Inc.

Upon the request of PACE/OAR, at the time of termination of this volunteer opportunity I will return or destroy all confidential or private information received or created during my term of volunteer opportunity with this organization. Private and/or confidential information includes all data and documents collected regarding any client or potential client of PACE/OAR, Inc.

Signature

Date

Printed Name

Please return to Marcia Gray-Inskeep, Director of Operations , PACE/OAR
 Email: mgray-inskeep@pace-oar.org; Fax: (317) 612.6811;
 Mail: 2855 N Keystone Avenue, Suite 110, Indianapolis, IN 46218

Revised 9/2007