



## Volunteer Application

*Please complete and return to a Coventry staff member or mail to:  
Coventry, PO Box 1134, Wylie, Texas, 75098, 972-636-8498*

### Contact Information

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

Name: \_\_\_\_\_  
                    First                    Middle                    Last                    Maiden

Address: \_\_\_\_\_  
                    Street                    City                    State                    Zip                    County

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Coventry Connection: How did you hear about us?

\_\_\_\_\_

**Our Day Program depends on volunteers to supplement and support a small staff in providing excellence in the quality of care as we continue growing to serve the needs of many who need and desire to be a part of this community. In order to best utilize your talents and abilities, we need to know some things about you.**

### Volunteer Interests (Please check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Pottery            | <input type="checkbox"/> Sale of Product/Bazaars   |
| <input type="checkbox"/> Computer Skills    | <input type="checkbox"/> Sign Language             |
| <input type="checkbox"/> Exercise           | <input type="checkbox"/> Public Relations          |
| <input type="checkbox"/> Plants & Gardening | <input type="checkbox"/> Parties and Special Event |
| <input type="checkbox"/> Grant Writing      | <input type="checkbox"/> Other                     |

Please list any additional training, education, experience or other interests you have that could be helpful to our program.

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Volunteer Commitment**

Coventry operates on a two sessions per year schedule consisting of 20 weeks each session. Our program meets on Monday - Thursday from 8:30 a.m. to 3:00 p.m.

I can make a time commitment for the full session on a weekly basis:

**Full day** - 8:30 – 3:00:

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday

**Part day** - 9:00 – 12:00 or 12:00 – 3:00 (Circle the time):

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday

I am interested in helping in the:

\_\_\_\_\_ Brain Building Center \_\_\_\_\_ Clay Station \_\_\_\_\_ Glazing Station

**2 hours Green Ware Cleaning** – 9:00 – 11:00 or 1:00 – 3:00 (Circle the time):

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday

**Volunteer Training**

No experience is necessary but training is required to assist as a support in the day program for safety and effectiveness. A Volunteer Training Day is offered at the beginning of each session begins. Training is also provided as needed for new volunteers entering during the session.

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**Confidential Information**

Coventry has a responsibility to provide a safe and secure environment for those adults with special needs who participate in our programs and use our facilities. Please complete the attached VERIFYI Background Verification Release Form. (This confidential information will be kept secure.)

\_\_\_\_\_ I hereby grant Coventry the authorization to perform a background check through a third party specializing in this type of service.

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Signature

Date

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## Volunteer Contact Info, Medical & Release Form

### Contact Information

Name	Date	Date of Birth	
Address	City	State	Zip
Cell#	Home#	Email	

Would you like your contact info shared with other volunteers/parents on our contact list? \_\_\_\_ Yes \_\_\_\_ No

*It is very important to keep your contact numbers current by notifying the office if they change.*

### Medical Information

Some volunteer positions at Coventry require mild to moderate physical interaction with the participants. Please list any physical restrictions or limitations:

For emergency purposes, are there any medical conditions that we should be made aware of? If so, please list below:

Emergency Contact Name	Relationship	Contact #
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In case of a minor injury or accident, the Coventry program director or other staff member will immediately attempt to call the emergency contact for advice and will administer simple first aid treatment as needed. If the injury or accident is considered serious or potentially life threatening, Wylie 911 will be called.

**Please read the following statements carefully and initial in the designated space that you have read, understand, and agree.**

\_\_\_\_\_ I have fully disclosed to Coventry all pertinent facts and medical conditions about myself.

\_\_\_\_\_ In case of **emergency or accident**, I understand that 911 will be called. I authorize EMS to administer any medical treatment, medication, or appliance deemed necessary by EMS. I also authorize transportation by EMS to the nearest appropriate medical facility, as determined by EMS. I understand that I will be responsible for payment of all EMS, hospital, and/or physician charges for emergency services.

\_\_\_\_\_ I release Coventry, its staff and Board of Directors from all action, damages, or personal injuries which may occur. I understand in the event of a minor injury I may receive first aid treatment. If my personal judgment is hindered due to an emergency, injury, or illness, I authorize Coventry staff to take whatever action is necessary for my personal safety and health.

\_\_\_\_\_ I hereby grant Coventry and any other persons interested in Coventry and its work, **permission to use and reproduce photography/videography, and interviews** by means of newspapers, television media, brochures, pamphlets, and instructional material for the primary purpose of promoting Coventry to its work.

**I have read the above statements and agree to the terms designated in each.**

Signature	Date
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