



Today, Tomorrow, or all year long...

The mission of disABILITYsa is to educate, advance and engage individuals with disabilities by sharing information, creating opportunities and strengthening the organizations that serve them.

Volunteer Registration Form

Name: _____ Email: _____

Address: _____ City/State/Zip: _____

Phone #: _____ (Day) _____ (Evening)

Emergency Contact: _____ Phone #: _____

Area(s) of Interest: *(please select all options that apply)*

- Internship**
 - H.S. Diploma/GED Undergraduate Degree Graduate Degree
 - Business Accounting Marketing Programs (Direct Services) Other: _____
- Volunteer Council**
 - Outreach Office Support Special Events & Program Days Service Captain Campaign Mentor
- Engagement Council** *(Program/Event Planning Teams)*
 - AccessAbility fest Fiesta Especial® Disability-Friendly Initiative Disability Pride Parade Service Leadership
- Community Conversation Council** *(please select areas where you have personal experience or professional expertise on the topic/issue)*
 - Transportation Employment Housing Medical Socialization Education
 - Written Contributor Verbal Contributor
- Board Committee Service** *(not a board position)*
 - Fundraising Governance Finance Advocacy Mission

Bio / Brief Introduction: _____

Please return completed form to disABILITYsa, P.O. Box 28243, San Antonio, TX 78228 or fax to (866) 461-5481. For additional information, visit our website at www.disABILITYsa.org.

Criminal Background Check (complete only if specifically asked by disABILITYsa Staff: All volunteers working directly with the individuals with disabilities DSA serves must undergo a criminal history check, Driver's License check and a check to see if they are listed on the State EMR list that tracks incidents of client abuse, neglect and exploitation.

TDL# _____ Date of Birth: _____ SS#: _____

disABILITYsa (hereafter referred to as DSA) may now, or at any time I volunteer, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, criminal history information of file in local, state or federal agencies; motor vehicle records and State EMR listings. I understand that these searches will be used to determine work assignment under the company's volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information.

Signature: _____ Print Name: _____ Date: _____