



Volunteer Application

Access To Independence empowers people with disabilities to lead independent lives in their community and strives to open doors to full participation and access for all. If you are interested in becoming a volunteer member of ATI, please fill in all the required fields and we will be in contact soon. If you have questions, contact us!

Full Name: _____

Phone: _____

Email: _____

Preferred Pronouns:

She/Her He/Him They/Them
 Other _____

Age Range:

18-35 36-50 51-70 70+

Do you identify as having a disability? If yes, please check all that apply.

- Physical Disability
- Blind or Visually Impaired
- Deaf or Hearing Impaired
- Intellectual/Developmental Disability (Down Syndrome, Cerebral Palsy, Autism, ADHD, etc.)
- Learning Disability (Dyslexia, Dysgraphia, Dyscalculia, Nonverbal Learning Disability, etc.)
- Mental Health (Anxiety, Depression, etc.)
- Chronic Illness (Autoimmune, etc.)
- I do not identify as someone with a disability
- I prefer not to say

Do you require any accommodations? If yes, please explain.

Why are you interested in volunteering with ATI Cortland?

Do you have any experience working with people with disabilities? If yes, please explain.

What are some of your interests/hobbies?

What skills/strengths would you bring to ATI Cortland?

Roughly how many hours can you commit to volunteering per week?

What days of the week are you available?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Are you available on weekends for special events?

- Yes
- No
- Maybe

What type of transportation do you have?

- Personal vehicle
- Public Transportation
- Someone will drop me off
- I prefer to walk most places

Do you have any questions for us?

Please include a copy of your resume if you have one when dropping off this application.