

Founded in 1983
FREEDOM WORK
OPPORTUNITIES, INC. 

“Empowering adults with disabilities, through compassionate care,
while providing FREEDOM to obtain WORK skills and OPPORTUNITIES to feel safe and be valued.”

Volunteer Application/ General Membership

Section I: Applicant’s Personal Information

First Name _____ Last Name _____

Street address _____

City _____ State _____ Zip Code _____

Phone # _____ Email _____

Do you have any relatives or a spouse employed by this organization? [] Yes [] No
If yes, please provide names: _____

Are you interested in receiving FWO’s Emails? [] Yes [] No

Section II: Availability and interests in work

Are you volunteering through a program, business or School [] Yes [] No

If yes, what is the name of the program/business/school: _____

If you have a contact person for your program or school, what is their:

Name: _____ Phone # or email: _____

Are you interested in volunteering
[] Full Time [] Part Time [] Specific Time Frame: _____

On which days are you available to volunteer [] Any
[] Monday [] Tuesday [] Wednesday [] Thursday [] Friday [] Saturday [] Sunday

What hours are you available to volunteer? _____

On what date are you available to start volunteering? _____

What location(s) are you interested in volunteering at?

FWO Facilities: [] Grand Blanc [] Highland

Freedom Treasures Resale Store: [] Grand Blanc, [] Highland, [] Waterford

[] With Highland Seniors, [] Event(s), [] Other _____

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Section II continued

Are you applying for a specific volunteer position [] Yes [] No

If yes, what position? _____

Please list any qualifications or trainings that may be useful during your volunteering?

Section III: References

Please give the names of 2 personal references from persons not related to you, whom you have known at least one year:

Name: _____ Phone#: _____

Name: _____ Phone#: _____

As a volunteer/ member

- I agree to act in good faith, abide by current laws, and my conduct will not amount to gross negligence or willful misconduct while volunteering.
- I will not open and or read any documentation that is marked confidential.
- Photos cannot be taken of consumers or FWO facilities without the permission of FWO management.
- Last names of consumers cannot be used or documented.
- Information pertaining to machinery, assembly or any FWO work related information must be concealed from any competitor or other persons.

Signature _____ Date _____

* Please note that being a Volunteer of Freedom Work Opportunities, Inc. does not entitle you to voting rights for our Board of Directors*

**Send completed packet to Marie Tino @ the main office.

FWO Use Only Approved by: _____ Date: _____