



ADNET

Anabaptist Disabilities Network

ADNet Field Associate Application Form

Name: Date of application:.....
 Address:
 City: State: Zip
 Phone: (.....)..... Cell Phone (.....).
 Email:
 Home congregation:

Describe briefly topics or areas of interest that you wish to pursue as an ADNet Field Associate:

Describe your background, education and/or life experiences that contribute to your interest in these areas.

List any special skills that you have that might benefit ADNet?

Briefly describe any experience you may have with disabilities that you think might enhance or limit your volunteering with Anabaptist Disabilities Network:

References: Please give name and contact information for two people who have experience with your academic or employment work and can recommend you for volunteer service with ADNet.

- 1.

- 2.

As a volunteer of ADNet, I agree to abide by its policies and procedures and to support ADNet's mission. I understand I will receive no monetary payment for my services.

.....
(Signature/Volunteer)

.....
(Date)

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Website: www.adnetonline.org