



**PROTECTION & ADVOCACY**  
FOR PEOPLE WITH DISABILITIES, INC.

*The Protection and Advocacy System for South Carolina*

## Team Advocacy Volunteer Application

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Please contact me by (circle all that apply): Home Cell Work Email

Do you work? Y N

a. If so, where and how many hours per week? When will you have time to volunteer?

\_\_\_\_\_  
\_\_\_\_\_

b. If not, do you expect to be employed in the next 6 months? Y N

What days and times are you available to volunteer?

\_\_\_\_\_  
\_\_\_\_\_

Do you belong to any advocacy organizations or advisory councils? Y N

If so, please list them

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Team Advocacy?

\_\_\_\_\_  
\_\_\_\_\_

# Team Advocacy Volunteer Application

What are your interests?

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Why do you want to be an inspection volunteer?

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Have you, a family member, or close friend been a resident of an assisted living facility?  
Y N If so, please list the locations below:

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By completing and turning in this application you show that you understand that P&A will conduct a criminal background check concerning you.

**Please e-mail your responses to:** [info@pandasc.org](mailto:info@pandasc.org)

**or mail to:** Team Advocacy Project  
Protection & Advocacy for People with Disabilities, Inc.  
3710 Landmark Drive, Suite 208  
Columbia SC 29204

Call (866) 275-7273 if you have any questions or concerns about volunteering