



Volunteer Registration & Information Form

Volunteer Type: Personal Company

Please print Name: _____ Date of Birth: _____

Address: _____

City, St, Zip: _____

Home Phone: _____ Work Phone: _____

E-mail Addresses _____

Home: _____

Work: _____

Occupation/Position: _____

Employer: _____

Organizational Affiliations: _____

US/State Professional License(s): _____

How would you like to assist Enabletech? _____

Services: _____

Materials/Equipment: _____

Cash Donation: _____

Enabling Technologies Associates, Inc.
 121 Char Oak Dr.
 Columbia, SC 29212

ed@enabletech.org 803-781-6643

Skills Listing – Please list your areas of expertise.

Engineering/Technical Specialties

- | | | |
|---|--|--|
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Environmental | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Bio Medical | <input type="checkbox"/> Human Factors | <input type="checkbox"/> Physics |
| <input type="checkbox"/> CAD-CAM | <input type="checkbox"/> Hydraulics | <input type="checkbox"/> Programming |
| <input type="checkbox"/> Casting | <input type="checkbox"/> Hydro | <input type="checkbox"/> QA |
| <input type="checkbox"/> Chemical | <input type="checkbox"/> Logistics | <input type="checkbox"/> RAM |
| <input type="checkbox"/> Civil | <input type="checkbox"/> Machining | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Computers/Hardware | <input type="checkbox"/> Maintainability | <input type="checkbox"/> Robotics |
| <input type="checkbox"/> Computers/Software | <input type="checkbox"/> Materials | <input type="checkbox"/> Systems |
| <input type="checkbox"/> Digital | <input type="checkbox"/> Mathematician | <input type="checkbox"/> Thermal |
| <input type="checkbox"/> Documentation | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Drafting | <input type="checkbox"/> Microwave | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Nuclear | |
| <input type="checkbox"/> Electronics | | |

Other Professional Specialties

- | | | |
|---|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Management | <input type="checkbox"/> Research |
| <input type="checkbox"/> Artist | <input type="checkbox"/> Marketing | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Audio/Visual | <input type="checkbox"/> Personnel | <input type="checkbox"/> Secretary/Typist |
| <input type="checkbox"/> Driving/Delivery | <input type="checkbox"/> Photography/Video | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Project Management | <input type="checkbox"/> Training |
| <input type="checkbox"/> Graphics | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Publications | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Journalism | <input type="checkbox"/> Purchasing | |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Real Estate | |

Medical/Rehabilitation Specialties

- | | | |
|---|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Physical therapy | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Client Evaluation | <input type="checkbox"/> Physician/Surgeon | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Rehab. Technician | |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Speech Therapy | |

Additional Comments: (Use reverse side if more room is needed.)

Signature: _____ Date: _____
 Company Title: _____

All donations are tax deductible. Our EIN #57-1116166. (Checks payable to: "Enabling Technologies Assoc., Inc.")

Thank you for your time and talents in the application of technology to solve the problems faced by people with disabilities!