



Children's Special Needs Network Volunteer Application

Contact Information

Name: _____
Street Address: _____
City, ST ZIP Code: _____
Home Phone: _____
Work Phone: _____
E-mail Address: _____

Availability

During which hours are you available for volunteer assignments?

Weekday Mornings Weekend Mornings
 Weekday Afternoons Weekend Afternoons
 Weekday Evenings Weekend Evenings

Interests

Tell us in which areas you are interested in volunteering

Administration
 Events
 Fundraising
 Respite*

*Note: Persons wanting to help w/ Respite will have to complete a background check and respite orientation.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name: _____
Street Address: _____
City, ST ZIP Code: _____
Home Phone: _____
Work Phone: _____
E-mail Address: _____

Agreement & Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I further understand that should I be accepted as a volunteer I will be required to go through further training and screening as set forth in the Volunteer Handbook and state law concerning working in this type of facility.

Name (printed): _____
Signature: _____
Date: _____

Thank you for completing this application form and for your interest in volunteering with us.