

Volunteer Registration

Thank you for your interest in becoming a volunteer with the APJCC Fun and Fitness with Friends special needs program. Please print clearly.

Name: _____

Address: _____ city _____ zip _____

Phone number: _____ (h) _____ (alternative)

Email: _____

Age if under 18: _____

1. What previous experience do you have in working with children with special needs? (this is not a requirement to volunteer in the program) _____

2. Why do you want to work with children with special needs? _____

3. Are you able to make a commitment to volunteer every Sunday from 1 pm- 4pm for at least 12 weeks? _____

4. How did you hear about the volunteer program? _____
