



Respite Services Volunteer Form

Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Phones: Home _____ Cell _____

Email Address: _____

Each volunteer will be matched with a child for the day and will work with a team of volunteers. All volunteers must attend a pre-respite training session at 8:30AM the day of the event. Please note you must stay the duration of the event, which is until 1:30pm.

- 1.) Do you have any experience working with children? Please explain in detail.

- 2.) Do you have any experience working or spending time with individuals with disabilities/special needs? Please explain in detail.

- 3.) Is there any type of disability you would not be comfortable with (i.e. non-verbal, wheel chair)?

- 4.) Would you be comfortable working with an active child (i.e. quick on his/her feet, high energy level)?

- 5.) Do you have experience working with babies and/or young toddlers?

- 6.) Do you have any preferences that would help us select the best child for you (age, gender, disability)?

- 7.) Do you know of any friends, family, co-workers, etc. who may be interested in the Program?

- 8.) Any additional comments, questions, or concerns you may have?

Name: _____ Birthdate: _____

Please provide us with the name, phone number of at least 2 emergency contacts.

Name:

Name:

Phone:

Phone:

Email:

Email: