

Volunteer Application Form

Name _____ Date _____

Address _____

City _____ State _____

Zip _____

Email address _____ Adult _____ Youth / Age _____

Are you parent of a child with a disability? _____

Phone:

(day) _____ (eve) _____ (cell) _____

How did you hear of SKI and volunteer opportunities?

Volunteer opportunities that interest you most (check all that apply):

___ Count Me In puppet shows ___ weekdays ___ weekends or evenings

___ Let's Prevent Abuse puppet shows ___ weekdays ___ weekends or evenings

___ Computer Technology Center: Time available _____

___ Special Event Support

___ At SKI office occasional weekdays (mail stuffing, filing, etc.)

___ Helping with workshop registrations, set-up, etc.

Fundraising activities:

___ Phone-a-thon ___ Hot Party in January ___ Weekend Events ___ Kids events

For the Winter Forum in early December:

___ Committee ___ Silent Auction ___ At the event ___ Other

Please list qualities or experiences that you would bring to the tasks:

For SKI use: Assigned to _____

Date contact made _____ Opportunity initiated _____

Please mail or email to: **Diona Poledore** (specialkidsinc@yahoo.com)

Special Kids, Incorporated P.O. Box 2266958, Houston, Texas 77207-6958