

Volunteer Application

Thank you in advance and are very excited you want to join in the Pilot House Fun. Please fill out the information below and return this application to Doreen Caruso

Name _____ Date _____
Last First

Address _____
Street City State Zip

Phone () _____ Alternate Phone () _____

School _____ Grade Entering _____

Date of Birth _____ Age _____ Male / Female (please circle)

E-mail Address _____

Have you ever worked with children? No ___ Yes ___

If so what ages? _____

Have you ever worked with children with special needs? No ___ Yes ___

If so what types of disabilities? _____

What are some of your hobbies / interests? _____

Why do you want to be a volunteer? _____

Student Sign: _____ Date: _____

Parent Sign: _____ Date: _____