PACER FUN TIMES ~ Volunteer Interest Form

Please complete the following information and return to PACER Center via fax or mail. If you have any questions please contact the FUN TIMES Project at PACER Center.

1. Volunteer’s name: _________________________________________ Email: _________________________
   School: __________________________________ Grade Completed: __________ Age: __________
   Address: __________________________________ City: ____________________ Zip: ______________
   Volunteer’s Home Phone: _______________________ Volunteer’s Cell Phone: ______________________

5. Mother’s Name: ________________________________ E-mail: _________________________________
   Address: __________________________________ City: ____________________ Zip: ______________
   (if different from above)
   Phone Day: _______________ Cell: _______________ Evening: _______________

6. Father’s Name: ________________________________ E-mail: _________________________________
   Address: __________________________________ City: ____________________ Zip: ______________
   (if different from above)
   Phone Day: _______________ Cell: _______________ Evening: _______________

7. Why do you want to volunteer with PACER’s FUN TIMES group?
   ___________________________________________________________________________________
   ___________________________________________________________________________________

8. Have you ever had any experience interacting with children with disabilities?
   ___________________________________________________________________________________
   ___________________________________________________________________________________

9. List any activities that you think would be fun and interesting (may use back of the sheet)?
   ___________________________________________________________________________________
   ___________________________________________________________________________________