Volunteer Application Form

Name________________________________________Date__________________

Address ____________________________________________________________________________________

City ___________________________ State _____________ Zip _______________________

Phone: Day_______________________________________Cell ____________________________

E-mail _____________________________________________________ Adult_____ Youth (include age)_____

Parent of child with a disability______

How did you hear about PACER Center and its volunteer opportunities?

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

- **COUNT Me In®** Puppet shows
- **KIDS AGAINST BULLYING** Puppet shows
- Helping with workshop registrations, set-up, etc.
- Special Events
- PACER’s Annual Benefit:
  - Committee  ___Silent Auction  ___At the event
- Other, based on your experience (please indicate):

Please list qualities you would bring to the task:

Please describe previous volunteer experience:

PACER Use Only:

Assigned to: ____________________________________________________

Date contact made: ____________________ Opportunity initiated: ____________________

Please send form to PACER Center at:

8161 NORMANDALE BOULEVARD  MINNEAPOLIS, MINNESOTA 55437-1044

TEL 952.838.9000  FAX 952.838.0199  TOLL FREE 800.537.2237  E-MAIL PACER@PACER.ORG

PACER.ORG

PACER Center is an affirmative action and equal employment opportunity employer.