



VOLUNTEER APPLICATION
(Please Print)



Name: _____ Birthday: _____ / _____ / _____
Last First Middle Month Day
 Mr. Ms. Mrs. Miss Dr. (check one)

Address: _____ - _____
Number and Street City State ZIP Code

Phone: _____
Primary: home cell work Secondary: home cell work Third: home cell work

E-mail: _____ May we contact you by e-mail? Y___ N___

Emergency Contact: _____ Relationship: _____

Phone 1: _____ 2: _____

EMPLOYMENT (most recent):

Company/School District: _____ From – To: _____

Position: _____

Duties: _____ Phone: _____

Languages: _____ (note whether fluent or conversational)

Certifications: _____

Signature _____ **Date** _____

CEU credits will be available for all O&Ms who volunteer and support this event.

Please return this form to Donna Wager, Braille Institute Orange County Regional Center, 527 North Dale Avenue, Anaheim, CA 92801; FAX: (714) 527-7621

For Internal Use:

Start Date: _____ Date Entered _____ Core _____ Intern _____ School _____

Volunteer # _____ Driver _____ Youth _____ I Student _____ Mail Code _____

Position _____ Code _____ Day(s) _____ Time _____

Skills: _____

Comments: _____

Reviewer Signature _____ Date _____