



VOLUNTEER APPLICATION

(Please Print)



PLEASE RETURN THIS FORM TO:

Donna Wager at dewager@brailleinstitute.org, by US Mail to Braille Institute Anaheim Center, 527 N Dale Ave, Anaheim, CA 92801 or fax to (714) 527-7621. Any questions, please call (714) 503-2113.

Last Name _____ First Name _____

Mr. Ms. Mrs. Dr. (check one)

Address _____ Unit/Apt. No. _____

City _____ State _____ ZIP _____

Phone (primary) _____ Phone (secondary) _____

home cell work

home cell work

E-mail _____ May we contact you by email? Yes No

Emergency Contact _____ Relationship: _____

Phone 1 _____ 2 _____ T-shirt: Adult S M L XL XXL

Have you volunteered at Cane Quest before? Yes No

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.

PHOTOGRAPH, EDITORIAL AND RECORDING RELEASE

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Signature _____

Date _____