

**VOLUNTEER APPLICATION**  
Perkins School for the Blind  
175 North Beacon Street  
Watertown, MA 02472  
Mike Cataruzolo, CVA  
Volunteer Services (617) 972-7224

Please Print or Type

Date: \_\_\_\_\_

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Last Name

First Name

Middle Initial

Address: \_\_\_\_\_

Street

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Town

State

Zip Code

E-mail address: \_\_\_\_\_

Telephone: Business \_\_\_\_\_

Home \_\_\_\_\_

In case of emergency contact: Name: \_\_\_\_\_

Number: \_\_\_\_\_

High school Attended \_\_\_\_\_

Graduated (y/n)

College Attended \_\_\_\_\_

Degree Granted (y/n)

Special Training \_\_\_\_\_

Please state the times you are available: Day(s) \_\_\_\_\_

Hours \_\_\_\_\_

If you would like to work directly with students and clients, please circle the preferred age group:

Birth-5

6-15

16-22

Over age 22

Seniors

Have you ever had any experience working with the disabled (y/n)? Volunteering (y/n)?

Please Explain:

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Please state your hobbies or special interests:

Please indicate if you hold a license or certificate in:

First Aid \_\_\_\_\_

CPR \_\_\_\_\_

Water Safety \_\_\_\_\_

Sign Language \_\_\_\_\_

Name, Address, and telephone number of two character references, not including relatives:

1) \_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_

I authorize Perkins School for the Blind to contact the above individuals for a character references.

Signature: \_\_\_\_\_

Are you available to volunteer for \_\_\_\_\_3 months\_\_\_\_\_6 months\_\_\_\_\_one year?

PERKINS VOLUNTEER OPPORTUNITIES (please indicate your areas of interest in order of priority, 1-3)

Adapted Physical  
Education/ Recreation \_\_\_\_\_

Cottage Aide  
(on campus) \_\_\_\_\_

Narrator/Monitor  
in Studio \_\_\_\_\_

Adapted Aquatics \_\_\_\_\_

Data Entry \_\_\_\_\_

On Call \_\_\_\_\_  
(special activities)

Classroom Aide \_\_\_\_\_

Horticultural Program  
Aide \_\_\_\_\_

Outreach \_\_\_\_\_  
(service elderly)

Clerical \_\_\_\_\_

Preschool/ Infant  
Program \_\_\_\_\_

Reader \_\_\_\_\_

Companion \_\_\_\_\_

Library Aide \_\_\_\_\_

Reviewer  
In Studio \_\_\_\_\_

Assistive Device Center \_\_\_\_\_

Inspector \_\_\_\_\_

I attest that all the above information is correct and accurate.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_