Volunteer Application

Please fill out the following form. In order to submit the application, print it and either fax it to 617-972-7877 or mail it to:

Mike Cataruzolo
Perkins Volunteer Office
175 North Beacon Street
Watertown, MA 02472

<table>
<thead>
<tr>
<th>Personal Information (Please print or type)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
</tr>
<tr>
<td>Address</td>
<td>Apt. #</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

Do you wish to receive Perkins email updates?  □ Yes  □ No

Email Address

Business Phone | Home Phone

Emergency contact:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone Number</th>
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Education and Experience/Interests

Graduated:  □ Yes  □ No

High School Attended

Degree Granted:  □ Yes  □ No

College Attended

Have you ever worked with people with disabilities?  □ Yes  □ No  Volunteered?  □ Yes  □ No

Please Explain: ________________________________

Are you licensed/certified in?  □ First Aid  □ CPR  □ Water Safety  □ Sign Language

Please describe your hobbies, interests, special skills or training: ________________________________

Please direct any questions to the Volunteer Program at 617-972-7224.
Volunteer Availability

Please state the times you are available: Day(s) ___________________________ Hours __________________

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

☐ Birth to 5  ☐ 6 to 15  ☐ 16 to 22  ☐ Over age 22

Are you available to volunteer for:  ☐ 3 months  ☐ 6 months  ☐ one year

Please indicate your areas of interest in order of priority, 1-3.

☐ Adapted Physical Education/Recreation Aide
☐ Adapted Aquatics Aide
☐ Assistive Device Center Aide
☐ Book Buddy
☐ Classroom Aide
☐ Clerical/Data Entry
☐ Companion
☐ Horticulture Program Aide
☐ Infant/Toddler Program Aide

☐ Library Aide
☐ Narrator/Monitor in Studio
☐ Preschool Program Aide
☐ On Call (special activities)
☐ Outreach Aide
☐ Reader/Tutor
☐ Studio Reviewer
☐ Technical/Recreation Aide (GCST)

Personal References

Please list name, address, and telephone number of two character references, not including relatives:

1) ____________________________________________________________
   ____________________________________________________________

2) ____________________________________________________________
   ____________________________________________________________

I attest that all the above information is correct and accurate. I authorize Perkins to contact the above individuals for a character reference.

________________________________________  ______________
Signature          Date

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