

Side by Side Volunteer Application

All information will remain confidential

Please print all information

Name: _____ Date of application _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone No. Day _____ Evening No _____

Email _____

Emergency Contact (Name and Phone) _____

Available Volunteer Day(s) (Please circle as many as applicable) M T W Th F

What time can you volunteer? _____

How Often? _____

How did you hear about Side by Side Clubhouse?

What type of skills do you bring to Side by Side Clubhouse? _____

Has anyone in your family had a stroke or brain injury? Yes/No

Why are you interested in volunteering with us? _____

Describe any experience you have with Teaching/Tutoring?

Please give name and phone number of a relative for reference purposes. _____

5/28/08

C:\Documents and Settings\RogersA\Local Settings\Temporary Internet Files\Content.Outlook\F1YR0D97\Side by Side Volunteer Application Forms.doc