

# PACER FUN TIMES ~ Volunteer Interest Form

Please complete the following information and return to PACER Center via fax or mail. If you have any questions please contact the FUN TIMES Project at PACER Center.

1. Volunteer's name: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Volunteer's Home Phone: \_\_\_\_\_ Volunteer's Cell Phone: \_\_\_\_\_

5. Mother's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address : \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

(if different from above)

Phone Day: \_\_\_\_\_ Cell: \_\_\_\_\_ Evening: \_\_\_\_\_

6. Father's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address : \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

(if different from above)

Phone Day: \_\_\_\_\_ Cell: \_\_\_\_\_ Evening: \_\_\_\_\_

7. Why do you want to volunteer with PACER's FUN TIMES group? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Have you ever had any experience interacting with children with disabilities? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. List any activities that you think would be fun and interesting (may use back of the sheet)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

