

Volunteer Form



www.MissKimDance.com



www.OurTimeToShine.org

Today's Date

YOUR CONTACT INFORMATION

First Name Last Name

Address

DOB

City/State Zip code

Phone Email

YOUR EXPERIENCE

Have you ever worked with children or Special Needs children?

Yes No Others:

Have you ever been suspended from school?

No Yes, why:

GENERAL INFORMATION

Why do you want to volunteer?

- Need service hours for school
- I have a sibling with special needs
- I am interested in studying dance, education, special ed, OT, PT
- I am a trained dancer and I love it

Have you previously volunteered?

No Yes, list where:

Please list any references: School teacher, church member, coach. Include email and/or cell number below.

I hereby agree that this information is correct:

Signature