



Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____

Other Volunteer Activities: _____

Does a family member or friend have learning challenges? _____ Yes _____ No

What prompted you to volunteer for Turtle Wing Foundation? _____

Are there any specific areas you wish to volunteer for? _____

_____ Fund Raising

Special Events

_____ Direct Interaction with Families

_____ Monster Dash

_____ Social Skills Activity with Families

_____ Toast

_____ Public Relations

_____ Autism Awareness Month

_____ Childcare

_____ Autism Awareness Games

_____ Tutoring

_____ Wurst Run

_____ Office Skills

_____ Derby Day

_____ Social Media

_____ Photography

_____ Job Training/Trades

_____ Do you have any physical limitations?

_____ What age group do you feel most comfortable working with?

_____ Children

_____ Teenagers

_____ Adults

Are you willing to have a background check? _____ Yes _____ No

Any other skills or gifts you would like to share? _____