

Open Arm's Ministry Volunteer Form

Date _____

Contact Information

Name	_____	Date of Birth:	_____
Street Address	_____		
City ST ZIP	_____		
Home Phone and/or Cell Phone	_____		
Email Address	_____		

I am available to serve:

_____ As a **Buddy** who attends Hopekids or Confirmation assisting and participating with a child who has special needs.

My Campus preference: _____ North _____ South

_____ As a helper at the Joni and Friends Carnival, Castaway, Friday, August 14, 4:00-8:00pm

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.



Have you had previous experience with people with disabilities?

Summarize your previous experiences.

Person to notify in case of emergency:

Name	_____	Home Phone:	_____	
Street Address	_____		Work Phone:	_____
City ST ZIP Code	_____		Email Address	_____

Thank you!

Date Edited: 1/28/2020