

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 _____ West

_____ As a helper at the Joni and Friends Carnival, Castaway, Thursday, August 19, 5:00-8:00pm

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!