

VOLUNTEER FORM FOR UP WITH FAMILIES
Saturday, February 23, 2019 at the Davenport STEEPLEGATE INN

PLEASE PRINT CLEARLY!!

NAME: _____

Age: _____ **Sex:** ___ M ___ F **Email**

address _____

Home phone: _____ **Work/cell phone:**

Address _____

Place of employment/school
attended _____

Have you volunteered for ***Up with Families*** in the past? Yes ___ No ___ How many times? ___

How did you hear about the ***Up with Families*** Weekend? (**list school organization & name of sponsor**):

What is your previous experience working with children?

What is your previous experience working with **handicapped** children?

I would like to volunteer for:

_____ **Companion to Special Needs Child**

_____ **Other Activity** (t-shirt design table, crafts, activity stations)

_____ **Companion to siblings**

_____ **No Preference**

_____ **Red Shirt**

****Note this is not a guarantee that you will get what you want. I try and do first come first serve****

Special area of interest or ability: _____

Can you use sign language? _____ Are you fluent in Spanish? _____

Please check shifts available. Times may vary slightly due to activity schedules developed for participants. **If you mark more than one shift, we will assume you wish to work all shifts marked, unless you indicate "or" beside the check marks.**

SATURDAY, February 23: _____ **Morning** (8:00 a.m. – 12:00 p.m.)

_____ **Afternoon** (12:45 p.m. – 4:45 p.m.)

_____ **Evening** (5:30 p.m. – 10:00 p.m.)

I WOULD _____ WOULD NOT _____ be willing to swim with a child.

There is no swimming in the morning. Volunteers willing to swim are very much needed to help in the afternoon and evening. You need not swim well; you just need to be willing to play with a child in the water. Lifeguards will be present.

PLEASE COMPLETE THIS FORM AND RETURN IT BY Feb 1st to Julaine Edwards, 6111 North Linwood Avenue, Davenport, Iowa, 52806, through U.S. mail; email Julaine at corbysjewel@hotmail.com or call at 563-349-2860 with questions. THANKS!!!