



EMBRACE SPECIAL NEEDS VOLUNTEER APPLICATION FORM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ARE YOU A MEMBER OF ROCKPOINTE CHURCH? \_\_\_\_\_ IF SO, HOW LONG? \_\_\_\_\_

WHICH SERVICE DO YOU REGULARLY ATTEND? \_\_\_\_\_

GENERAL QUESTIONS

1. What led you to the Special Needs Ministry?

2. What is your commitment level to volunteer for the Special Needs Ministry?

\_\_\_\_\_ I would like to have a consistent SN child on a weekly basis.

\_\_\_\_\_ I would like to be a substitute

\_\_\_\_\_ I would like to help with childcare for the **2<sup>nd</sup> Sunday ENCOMPASS** group

\_\_\_\_\_ I would like to help with **quarterly** Date Night (Saturday 4:30-7:00 p.m.)

\_\_\_\_\_ I am available: Sunday 9:30 a.m. Sunday 11:15 a.m.

(Circle all that apply)

3. What age group do you feel led to volunteer in? (Check all that apply)

\_\_\_\_\_ Infants (2 mos. – 1 year)

\_\_\_\_\_ Pre-school

\_\_\_\_\_ Elementary

\_\_\_\_\_ Middle School

\_\_\_\_\_ High School

4. Are there any health limitation or conditions which might prevent you from performing Different types of work regarding the care of a special needs child? If so, please explain.
5. I am comfortable with children who are (Check all that apply)

- Medically fragile
- Uncommunicative (i.e. non-verbal, deaf)
- Emotionally challenged
- Hyperactive/Attention Deficit Disorder
- Physically Challenged
- Mentally Challenged

6. Strengths I bring to the children are:

7. My experiences with children with special needs are:

8. Special training, certifications, licenses, etc. that I have: (i.e. CPR, sign language)

9. Other things you should know about me are: