

Special Needs Volunteer Profile

Name: _____ Date: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Email: _____

Special Needs Experience:

___ I don't have much experience or training, but I have a BIG HEART for this ministry!

___ I have special needs experience from the following situation(s): _____

___ I have education in the special needs area: _____

I have specific instruction and/or professional experience with: (check all that apply)

___ Autism/Asperger's

___ Mental Health disabilities

___ Behavioral interventions

___ Visual disabilities

___ Therapy: _____
(specialty)

___ Sign Language/Hearing Impairment

___ Medical/Physical problems:

___ CPR/First Aid

(specify)

Preferences:

Age group I would prefer to work with: _____
(preschool, elementary, youth, adult)

I'm available to help: ___ every week

I would prefer to help at: ___ Sunday School

___ 2x/month

___ Worship service

___ once a month

___ Kids' Club/Youth Group

___ as a sub

___ Prayer Group

___ Other events