



# Volunteer Application

Please fill out the information below and return this application to The Pilot House.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

School \_\_\_\_\_ Current Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Parent's E-mail Address \_\_\_\_\_

Have you ever worked with children? No \_\_\_ Yes \_\_\_

If so, what ages? \_\_\_\_\_

Have you ever worked with children with special needs? No \_\_\_ Yes \_\_\_

If so, what types of disabilities? \_\_\_\_\_

What are some of your hobbies / interests? \_\_\_\_\_

\_\_\_\_\_

Why do you want to be a volunteer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Sign: \_\_\_\_\_ Date: \_\_\_\_\_