



VOLUNTEER APPLICATION

(Please Print)



Name: _____ Birthday: _____ / _____ / _____
Last First Middle Month Day
 Mr. Ms. Mrs. Miss Dr. (check one)

Address: _____
Number and Street City State ZIP Code

Phone: _____
Primary: home cell work Secondary: home cell work Third: home cell work

E-mail: _____ May we contact you by e-mail? Y___ N___

Emergency Contact: _____ Relationship: _____

Phone 1: _____ 2: _____ T-shirt: Adult S___ M___ L___ XL___ XXL___

EMPLOYMENT (most recent):

Company/School District: _____ From – To: _____

Position: _____

Duties: _____ Phone: _____

Languages: _____ (note whether fluent or conversational)

Certifications: _____

Signature _____ **Date** _____

CEU credits will be available for all O&Ms who volunteer and support this event.

**Please return this form to Donna Wager, Braille Institute Orange County Regional Center
527 North Dale Avenue, Anaheim, CA 92801 or fax to (714) 527-7621. Any questions,
please call (714) 821-5000 or email: dewager@brailleinstitute.org**

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Signature _____ **Date** _____