

The Carroll Center for the Blind

770 Centre Street

Newton, MA 02458

(617) 969-6200

**VOLUNTEER APPLICATION**

Name: Click or tap here to enter text.

Address:Click or tap here to enter text.

Home Phone: Click or tap here to enter text.

Work Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

 **Volunteer Interests (at the Center).**

|  |  |  |
| --- | --- | --- |
| [ ]  Summer Youth Program | [ ]  Carroll Store | [ ]  Dining Hall |
| [ ]  Brailler Servicing | [ ]  Grounds/ Maintenance | [ ]  Administrative Support |
| [ ]  Teaching Assistant | [ ]  Sighted Guide Sailors | [ ]  Special Event(ie. Walk for Independence) |

**Times Available**: [ ]  Daytime [ ]  Evenings [ ]  Weekdays [ ] Weekends

**How many days a week?** # days per week: Click or tap here to enter text. # hours: Choose an item.

**Restrictions (if any):** Click or tap here to enter text.

**Reference:** Individual who can be contacted (non-family member)

Name: Click or tap here to enter text. Phone: Click or tap here to enter text.

Address: Click or tap here to enter text.

Please continue to next page…

**1. What experiences/skills to you bring to a volunteer position?**

Click or tap here to enter text.

**2. What volunteer work have you done in the past?**

Click or tap here to enter text.

**3. Do you speak any other languages than English?**

Click or tap here to enter text.

**4. Do you have a family member who is visually impaired?**

Click or tap here to enter text.

**5. Are you doing this volunteer activity as a requirement for a school/course? If so, please list the program and contact:**

Click or tap here to enter text.

**6. Will your hours need to be verified?**

Click or tap here to enter text.

**Please attach a resume if you have one and/or list special skills you have, especially technology/computer programs.**