

The Carroll Center for the Blind

770 Centre Street

Newton, MA 02458

(617) 969-6200

**VOLUNTEER APPLICATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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: \_\_\_\_ # hours: \_\_\_\_\_\_

**Restrictions (if any):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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

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