



The Carroll Center

FOR THE BLIND

The Carroll Center for the Blind
770 Centre Street
Newton, MA 02458
(617) 969-6200

VOLUNTEER APPLICATION

Name: _____

Address: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Volunteer Interests (at the Center).

Special Event
(ie. Walk for Independence)

Carroll Store

Dining Hall

Braille Servicing

Grounds/ Maintenance

Administrative
Support

Teaching Assistant

Times Available: Daytime Evenings Weekdays Weekends

How many days a week? _____

which days? _____ # hours per week: _____

Restrictions (if any): _____

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

Name: _____ Phone: _____

Email: _____

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

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

3. Do you speak any other languages than English?

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

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

6. Will your hours need to be verified?

***Please attach a resume if you have one and/or list special skills you have (i.e. technology/computer programs). ***