

What are some of your special skills that might aide you in volunteering

Physical Limitations (if any)

Previous Volunteer Experience

Hobbies/Special Interests

What brings you to the Foundation for Blind Children?

What are your goals as a FBC volunteer?

Personal References:

Name _____ Phone () _____

Relationship to you _____

Name _____ Phone () _____

Relationship to you _____

Thank you for completing the above information, please be sure to mail this sheet to:

Foundation for Blind Children

Attn: Ann Greig

602-331-1470 ext 114

1235 East Harmont Drive

Phoenix, AZ 85020

***Required information for volunteers working directly with children**