



Children's Adaptive Team Sports Volunteer Information Form

Thank you for your interest in volunteering for C.A.T.S. We are excited about this opportunity for you. Please fill out the following information completely.

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Other Phone: _____
Occupation: _____

Are you at least 18 years of age? Yes No If no, what is your age? _____

Please check your availability for volunteering:

___ Weekdays: Morning ___ Saturday: Morning ___ Sunday: Morning
___ Weekdays: Afternoon ___ Saturday: Afternoon ___ Sunday: Afternoon
___ Weekdays: Evening ___ Saturday: Evening ___ Sunday: Evening

Do you have any special interests or talents? _____

Any additional information you would like to share: _____

Do you have any disabilities or physical conditions we should be aware of Yes No
If yes, please describe _____

EMERGENCY CONTACT:

Name _____ Relationship _____

Home Phone _____ Alternate Phone _____

Signature _____ Date: _____

