

Volunteer Participation Form *(Please Print)*

Who would like to be considered for various projects? (Children and adults - birth to age 70+)

Name: _____ Birth date: ____/____/____ Age: ____ Gender: Female
Last First MI Month Day Year Male

Ethnic Group: Black/African American Hispanic/Latino White Asian American Indian/Alaskan Native Other: _____

Is this person in school? Yes No (If Yes, please circle Current Grade. If No, please circle Highest Grade Completed)
Day Pre K 1 2 3 4 5 6 7 8 9 10 11 12/GED 1 to 3 years 4 or more years
Care School College/Tech School College/Tech School

IF in school, School Name _____ Primary/homeroom teacher or teacher who knows child best _____

Is he/she in a Gifted program? Yes No Receiving special education services or SSI/SSDI benefits? Yes No

Has he/she been identified as having any of the following? (Please mark all that apply)

- Speech and/or Language Impairment
- Learning Disability/LD
- Visual Impairment
- Mental Retardation or Developmental Delay
- Orthopedic/Motor Impairment
- Hearing Impairment
- Emotional or Behavioral Disturbance
- Multiple Disabilities
- Other: (please specify) _____
- Noncategorical Disability (for ages 2-9 only)
- ADHD

Name: _____ Birth date: ____/____/____ Age: ____ Gender: Female
Last First MI Month Day Year Male

Ethnic Group: Black/African American Hispanic/Latino White Asian American Indian/Alaskan Native Other: _____

Is this person in school? Yes No (If Yes, please circle Current Grade. If No, please circle Highest Grade Completed)
Day Pre K 1 2 3 4 5 6 7 8 9 10 11 12/GED 1 to 3 years 4 or more years
Care School College/Tech School College/Tech School

IF in school, School Name _____ Primary/homeroom teacher or teacher who knows child best _____

Is he/she in a Gifted program? Yes No Receiving special education services or SSI/SSDI benefits? Yes No

Has he/she been identified as having any of the following? (Please mark all that apply)

- Speech and/or Language Impairment
- Learning Disability/LD
- Visual Impairment
- Mental Retardation or Developmental Delay
- Orthopedic/Motor Impairment
- Hearing Impairment
- Emotional or Behavioral Disturbance
- Multiple Disabilities
- Other: (please specify) _____
- Noncategorical Disability (for ages 2-9 only)
- ADHD

Parent's

Name: _____ Highest Grade Completed: _____
Last First MI Mother/Female Caregiver Father/Male Caregiver

City: _____ State: _____
11th grade or less

Telephone: (____) _____ (day) _____
12th grade or GED

(____) _____ (eve) _____
1 to 3 years at College/Tech School

E-Mail: _____
4 or more years College/Tech School (with degree such as BA, BS, MS, PhD)

If you are interested in participating in any projects, please fill out this section: Birth date: ____/____/____ Age: ____ Gender: Female Male
Month Day Year

Ethnic Group: Black/African American Hispanic/Latino White Asian American Indian/Alaskan Native Other: _____

Have you been identified as having any of the following? (Please mark all that apply)

- Speech and/or Language Impairment
- Learning Disability/LD
- Visual Impairment
- Mental Retardation or Developmental Delay
- Orthopedic/Motor Impairment
- Hearing Impairment
- Emotional or Behavioral Disturbance
- Multiple Disabilities
- Other: (please specify) _____
- Noncategorical Disability (for ages 2-9 only)
- ADHD