



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

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**Physical Limitations (if any)**

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**Previous Volunteer Experience**

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**Hobbies/Special Interests**

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**What brings you to the Foundation for Blind Children?**

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**What are your goals as a FBC volunteer?**

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**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: Rainey Kasl**

**1235 East Harmont Drive**

**Phoenix, AZ 85020**

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