

Foundation for Blind Children

Group Volunteer Information Sheet

Date _____

Name of Program or Group _____

Address _____

City _____ State _____ Zip Code _____

Phone
Daytime () _____ Cell Number (if available) () _____

Program Organizer (Responsible Adult for youth groups)

Name _____ Title _____

Telephone Number () _____

Any Limitations of Volunteers We Should be Aware of? (such as a physical limitation)

Are There Any Types of Tasks the Volunteers Would Prefer Not to Do? (i.e filing, clean-up projects)

What brings you to the Foundation for Blind Children?

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

**Foundation for Blind Children
Attn: Ray Luce
1235 East Harmont Drive
Phoenix, AZ 85020**