

Fun and Fitness with Friends
Volunteer Registration Form 2018



Thank you for your interest in becoming a volunteer with the APJCC Fun and Fitness with Friends program.

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: (Primary) (____)____-____ (Alternative) (____)____-____

Email: _____ Date of Birth: (MO/DD/YYYY) ____/____/____

School Name: _____ Grade: _____

T-Shirt Size: (Please circle one) Small Medium Large X-Large

Which group are you interested in Volunteering with (mark one):

Children (ages 6 to 12) Teens (ages 13 to 18) Either Group

1. What previous experience do you have in working with children/teens with special needs?
(Not required for volunteering in the program.)

2. Why do you want to work with children/teens with special needs?

3. How did you hear about the Volunteer Program?

4. What are some of your hobbies? What do you enjoy doing in your free time?

5. Are you able to make a commitment to volunteer for a minimum of 3 months?

Printed Name: _____ Signature: _____ Date: _____

If under 18:

Legal Guardian Printed Name: _____ Signature: _____

Guardian's Phone: (____)____-____ Guardian's E-mail: _____

Return Completed form to:
APJCC Camp & Youth Department
Scan and email to Valinda Lopez at valinda@apjcc.org
Addison-Penzak JCC, 14855 Oka Road, Suite 201, Los Gatos, CA 95032
Phone Number: 408.357.7416 Fax Number: 408.358.7311