KIDSPACE VOLUNTEER INFORMATION

NAME:	
ADDRESS:	
BEST NUMBER TO CONTACT:	
EMAIL ADDRESS:	
EMERGENCY CONTACT/NUMBER:	
AVAILABILITY:	
Available for on call?	
OT/SLP/MFT?	

What do you hope to learn from volunteering at Kidspace?

Checklist:

• Resume/References

- Completed Volunteer Information Form
- Signed Volunteer Expectations Form