

First United Methodist Church of Arlington
First Fridays—A Special Needs Ministry

Volunteer Information

Name: _____ Date: _____
Address: _____
Phone: _____ Email: _____

Activities of interest for First Friday (check all that apply):

- _____ Primary Childcare—1 on 1 with special needs child
- _____ Primary childcare—sibling
- _____ Music Leader
- _____ Crafts Leader
- _____ Hospitality/Check-in
- _____ Special Events

I am comfortable with children who are (check all that apply):

- _____ Medically fragile
- _____ Hyperactive
- _____ emotionally challenged
- _____ Siblings (non-special needs)
- _____ Physically challenged
- _____ Infants (ages birth-1 year)
- _____ Mentally challenged

My personal experience with children with special needs includes:

Sports and Hobbies that interest me:

Licenses, permits, or certifications I hold:

I know CPR yes/no (circle one) Course Taken _____ Date _____

I know sign language yes/no (circle one)

I speak/write/read (circle all that apply this language) _____

Signature

Date