VOLUNTEER FORM FOR UP WITH FAMILIES Saturday, September 24th, 2022 at the Davenport STEEPLEGATE INN PLEASE PRINT CLEARLY!

NAME: Age:				
Home phone	sex:	^{IVI}	r cmaii _	Work/cell phone
Complete Address				
Place of employmen		chool a	ttending	
Have you volunteere	d for <i>Up</i> i	vith Far	<i>milies</i> in the	past? Yes No How many times?
				ekend? (school, organization, individual):
What is your previou	s experie	nce wor	king with ch	nildren?
What is your previou	s experie	nce wor	king with ch	nildren that have disabilities ?
Companion to	Special N a sibling			Other Activity (t-shirt design table, crafts, activity stations) No Preference I to a companion and child during specific times for
**Note this is not a needs and your expense of interesting the second special area of interesting the second secon	eriences*	*	_	what you want. Your preferences are matched to our
Can you use sign lang	guage?		Are you flu	ent in any other languages?
	nark more indicate " er 24th: a.m. – 12	e than o or" bes	one shift, we	thtly due to activity schedules developed for will assume you wish to work all the shifts you ck marks.
				wim with a child. (You need not swim well; you the water. Lifeguards will be present.)
RETURN this form B' Julaine Edwards, 61 email to: corbysjewe	11 North	Linwoo		Davenport, IA52806 or

Please call 563-349-2860 with any questions. You will be contacted for confirmation in September.