



COACHELLA VALLEY VISUALLY IMPAIRED COMMUNITY SERVICES
EMPOWERMENT ENCOURAGEMENT ENLIGHTENMENT

CVVICS VOLUNTEER APPLICATION

Date: _____

Name: _____ Birth Date: _____

Address: _____

Email: _____ Phone#: _____ Cell#: _____

Emergency Contact: _____

Name

Phone Number

Available Start Date: _____ #Hours Desired: _____

Time/Days Available: _____ Areas of Experience: _____

In what area/class do you want to volunteer: (Check any that apply)

General Room Assistance _____ Art (Weaving) _____ Mind games _____

Braille _____ Children's Programs _____ Grade Level Tutoring _____

Music _____ Current Events _____ Book Club _____

Photography Club _____ iPad iPhone _____ Peer Support _____

Computer _____ Low Vision Technology _____ Polymer Clay _____

Exercise _____ Meditation _____ Health Seminar _____

Creative Writing _____