



Darby's Dancers Volunteer Application (must be age 13 or older)

Name: _____ Age: _____ Birthdate: ___/___/___

Address: _____ City: _____ Zip Code: _____

Email Address: _____ Phone Number: _____

Volunteer History

Have you had previous volunteer experience in this field? YES NO

If "YES", please answer the following questions:

Name of organization: _____

What did you do as a volunteer? _____

Do you have experience or know a child with special needs? If so, please explain. _____

What qualities do you have that would make you an effective Darby's Dancers Volunteer?

Why are you applying to be a Darby's Dancers Volunteer?