

AGAPE KIDS VOLUNTEER INFORMATION

Name: _____ Date: _____

Prior Experience in Crossing Kids: None

Little Ones (infants through 2 y/o) Preschool (3-5 y/o) Elementary (K-5)

Middle School Junior High High School Buddy

Other _____

Experience and/or education relevant to working with kids with special needs:

In this ministry I am available to:

Be a buddy with a child with special needs (2x/month commitment)

Be a classroom observer for kids identified with special needs. I am qualified to observe kids with the following concerns (check all that apply):

Learning Behavior Motor Medical

I am available (check all that apply):

Sunday mornings Tuesday mornings Wednesday nights Parents' Night Out

The best way to contact me is:

Email: _____

Phone: _____

I understand that information pertaining to all children is confidential and should not be discussed with anyone not directly involved with any child in Agape Kids.

Signature: _____

For office use only:

Background check on file Yes (date: _____) No