Moving Miracles
Volunteer Application
Attachment A

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Cell Phone: _____

Email: _____ Home Phone: _____

Are you under 18 years of age? ☐ Yes ☐ No If yes, age: _____ Date of Birth: _____

Please note Dance volunteers must be 12 years of age or older. Personal Training volunteers must be at least 18 years of age, as well as have completed Anatomy and Physiology 1 & 2

1. How did you learn about Moving Miracles Dance / Personal Training?
_____

2. Why would you like to become a Moving Miracles volunteer?
_____

3. Briefly describe your experience, if any, with dance/personal training:
_____
_____

4. Briefly describe your experience, if any, with people with developmental disabilities:
_____
_____

5. List any medical conditions you would like to make us aware of (i.e. allergies, cardiac or respiratory conditions, etc.):
_____
_____

Please list two personal references (not relatives), such as schoolteachers or coaches whom we may contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

I authorize sasi to verify any information I have furnished in this application and to contact any references I have including employers. In doing so I release sasi and employer on reference from any liability in release of this information. I affirm that I have read this completed application and have not withheld any information or response to any questions, and that the information I have furnished is true and correct. I understand that discovery of any misrepresentation or omission of facts can be grounds for rejection of application or for immediate dismissal, regardless of when such misrepresentation or omission is discovered. This application form is intended for use in evaluating your qualifications for an internship or volunteer position. This is not an employment contract. Completion of this application is in no way a guarantee of an interview or an offer of a position. False or misleading statements during the interview or on this form are grounds for terminating the application process, or if discovered after, terminating the internship or volunteer position. **Your signature, or if you are under 18, your parent/guardian's signature required:**

_____

You will be notified following a review of your application. If you are approved, a time for orientation will be scheduled. All volunteers must attend a Volunteer Orientation prior to volunteering.

Please return completed form to: 	Moving Miracles 	Phone: (716) 656-1321
	111 Kelly Drive 	Fax: (716) 771-3688
	Cheektowaga, NY 14227 	Email: Macey.doe@sasinc.org