

**Moving Miracles**  
**Dance & Personal Training**  
**Volunteer Application**

Attachment A

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**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.**

Are you under 18 years of age?     Yes     No    If yes, what is your age? \_\_\_\_\_

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. Please 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 school teachers or coaches whom we may contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**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  
954 Union Road, Suite 1  
West Seneca, NY 14224

Phone: (716) 656-1321

Fax: (716) 771-3688

Email: [info@movingmiracles.org](mailto:info@movingmiracles.org)