

Date:



How did you hear about us?

- Are you available to commit to one year, have weekly contact (email, phone, or in person), and meet in person for a minimum of 4-6 hours a month over the course of one or more meetings? Yes No

Name:

Email address:

Home phone number:

Cell phone number:

Street address (please include apartment number, city and zip code):

Current employer or school:

Profession or major:

Do you have access to a car? Y N

How far are you willing or able to travel?

Are you willing to submit to federal and state background checks? Y N

Reasonable accommodations (if applicable):

Language(s) spoken:

Are you re-applying or have you been involved with other PYD Programs? Y N

If yes, what program?

What time period/s?

Why do you want to volunteer for PYD (feel free to elaborate on the back or attach page)?

**PLEASE RETURN TO:** Jeff Lafata, Partners for Youth with Disabilities, 95 Berkeley Street, Suite 109, Boston, MA 02116, or fax to 617-556-4074 **QUESTIONS?** Call 617-556-4075, ext 18