



Special Needs Volunteer Application Form

Date: _____

Name: _____ **Date of Birth:** _____

Address: _____

EMAIL: _____

Home Phone: _____ **Cell Phone:** _____

Are you a member of MFBC? _____

If not, what Church do you regularly attend: _____

General Questions:

1. What led you to the Special Needs Ministry?

2. What is your commitment level to volunteer for the Special Needs Ministry?

I would like to have a consistent place in the Special Needs classroom

I would like to be a substitute

I would like to help with any Respite Nights or activities other than on Sundays

3. Are there any health limitations or conditions which might prevent you from performing different types of work regarding the care of a special needs child? If so, please explain.

4. I am comfortable with children who are(check all that apply)

Medically fragile

Non-verbal

Emotionally Challenged (mood disorders, bi-polar, etc.)

ADHD (Hyperactive/Attention Deficit)

Physically Challenged (Wheelchair, walker, crutches, cane)

Mentally Challenged (learning disorders, etc.)

Autism Spectrum

Anxiety

Other challenges such as runners, loud outbursts, meltdowns, socially unacceptable behaviors

5. Strengths I can bring to the children and the classroom are:

6. My experiences with special needs children are:

7. Special training, certifications, licenses, etc. that I have:
(CPR, CPI, Sign Language, etc)