

Pathways Center's mission is to provide assessment and intervention for children with motor, sensory, feeding/swallowing, and communication impairments, to promote functional independence, social and emotional well-being, and integration into the community.



'Oh, yes I can'
'Oh, yes I can'

VOLUNTEER APPLICATION

Contact Information

Today's Date _____

Name: _____

Home Address: _____

Email Address: _____

Home Telephone #: _____ Work Telephone #: _____ Cell#: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Adult Student Availability (Please check all that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Ways I Can Help

General Office Special Mailings Fundraising/Community Outreach
 Special Events Any way I can Other _____

If you are volunteering for a school requirement, please complete the following:

School Name: _____ Grade: _____

Contact Person: _____ Number of Required Hours: _____

Skills, Interests, and Hobbies

What special hobbies, skills, or interests would you like to apply to your volunteering experience?

Please check the skills you possess

- General Office Photography Musical Talent _____
- Fine Arts Graphic design Power Point presentations/other computer
- Calligraphy Culinary/catering
- Other: _____

Why do you want to volunteer? _____

How did you hear about Pathways Center? _____

Please return form to Marcy Pollard, Pathways Center, 2591 Compass Road, Glenview, IL 60026 or fax to 847-729-1116 or e-mail to mpollard@pathwayscenter.org.