

Rays of Light
Night Lights -Volunteer Application

(on the campus of Lovers Lane United Methodist Church)

9200 Inwood Rd

Dallas, TX 75220

214-706-9535 or e-mail: alice@raysoflightdallas.org

Date of application: _____

Name: _____

Date of Birth: _____

Sex: _____

Home address: _____

City: _____

Zip: _____

Home phone: _____ E-mail address: _____

Work extension: _____

Education, special training or previous volunteer experience:

Health limitations or special considerations:

Emergency contact name and number: _____

Volunteer Opportunities for Night Lights

Areas of interest as volunteer (check as many as apply)

- Special needs child 3mo-6yrs
- Special needs child 6-13yrs
- Special needs child 13-18yrs
- Sibling 3mo-6yrs
- Sibling 6-13yrs
- All of the above
- Event coordinating
- Volunteer recruiting
- Other: _____

I am comfortable with children who are:

- Medically fragile
- Emotionally challenged
- Hyperactive
- Deaf
- Blind
- Child with any special needs not mentioned
- None of the above

Activities of interest at Night Lights (check as many as apply)

- Primary care
- Music
- Crafts
- Hospitality
- Leading group activities
- Other: _____

Is there any other information about yourself you wish to share?

Fluent in other languages?

American Sign Language _____

Spanish _____ speak _____ write _____ read _____

Other: _____ speak _____ write _____ read _____

I know CPR _____ Course taken _____ Date _____

Signature Applicant

Date

Print Name

Reviewed by

Date