

Volunteer Application

The Mission of The SPOT is to create a safe place for individuals with special needs and their families to connect, serve and grow in their community. Our organization encourages and depends on the participation of volunteers to support our mission. Prior experience with special needs individuals and families is **not** required to be a volunteer with The SPOT; however, sensory inclusive training is required prior to working any event while special needs individuals are present. The information on this form will be kept confidential and will help us identify the most satisfying and appropriate volunteer opportunity for you. Welcome to our family!

Please return your completed application online or by email or postal mail to one of the addresses below. Email: Volunteer@TheSPOTFamily.com Postal mail: The SPOT

Postal mail: The SPOT 4820A Poplar Springs Drive Box 306 Meridian, MS 39305

Date:			
DEMOGRAPHIC	INFORMATION		
Name:			Date of Birth:
Mailing Address:			
Phone 1:	(cell/home/work)	Phone 2:	(cell/home/work)
Email:			
Employer / Schoo	l:		
EMERGENCY CO	NTACT		
Full Name:			Relationship:
Preferred Phone: E		E-mail address:	
MEDICAL INFOR	MATION		
Allergies (Drug or	· Food):		
Dietary Restrictio	ons:		
INTERESTS (che	ck any that apply)		
Advisory Board	□ Communications □ Fundraisin	g/Sponsorship	Prayer Partner Grant Process
□ Event Support:	□ Set-up □ Buddy □ □ Clean-up □ Games and Active □ Other	ities 🛛 Regist	ration 🛛 Security

By submitting this volunteer application, the individual agrees to abide by The SPOT code of conduct and to complete any additional training required. The SPOT provides sensory inclusive training for all volunteers at no cost to the individual.