

Audio-Reader Volunteer Information Sheet

Name: _____
Address: _____ City: _____
State: ____ Zip Code: _____ Birth Date: ____/____/____

Home Phone: _____ Work Phone: _____
Cell Phone: _____ E-mail: _____

How did you hear about Audio-Reader? _____

Audio-Reader is open from 6 a.m. to 7:30 p.m. Monday through Friday, and from 7:30 a.m. to 2 p.m. on weekends.
What days and times would be best for you to volunteer?

Please indicate interest in any of the following:

_____ Audio Description of Live Theatre (volunteers describe sets, costumes and action on stage)

_____ Sensory Garden (spring, summer, fall)

_____ "For Your Ears Only" (volunteers help with donation drives, sorting of audio donations, work at sale in September)

Please note that Audio-Reader would like volunteers to make a minimum six-month commitment to our program. If you are unable to do this, please let the Volunteer Coordinator know so we can take that into account when making your volunteer assignment. Thanks!

Volunteer Interests

Are you a student? Retired? What is your major, where are you from, and what is/was your occupation?

What made you pursue Audio-Reader over other volunteer opportunities in the community?

What types of things do you enjoy reading?

If you could only read one section of the newspaper, what would it be?

What other hobbies and interests do you have?

Do you speak/read any foreign languages?