

Children's Disabilities Information Coalition

"The premiere Information Source On Children's Disabilities"



Volunteer Registration Form

Name: _____

Address: _____

City: _____

Home Phone: _____

E-mail: _____

Work Phone: _____

In what activity would you like to volunteer for? (Please check all applicable)

- | | |
|--|--|
| <input type="checkbox"/> Professional Trainings | <input type="checkbox"/> Parent Trainings |
| <input type="checkbox"/> Annual Symposium | <input type="checkbox"/> Monthly Meetings |
| <input type="checkbox"/> Parent Support Groups | <input type="checkbox"/> Parent Educator Volunteer |
| <input type="checkbox"/> Recreational Activities | <input type="checkbox"/> Office/Clerical volunteer |
| <input type="checkbox"/> Fund Raising Activities | |
| <input type="checkbox"/> Parent to Parent Match | |
| <input type="checkbox"/> Other _____ | |

"Together We Can Make A Difference"

Please mail the completed
volunteer form to :
1101 E. Schuster
El Paso, TX 79902
(915)217-2747