



Participant Application

Name: _____ Date: _____

Address: _____

Birthdate: _____ Grade: _____ School: _____

Mother's Name and E-mail: _____

Home Phone #: _____ Work Phone #: _____

Father's Name and E-mail: _____

Home Phone #: _____ Work Phone #: _____

Please list any activities in which your child has had previous involvement (e.g.: Community, Recreational, Extracurricular Programs, etc.):

Please list the activities in which your child is interested in participating (e.g.: Boy/Girl Scouts, School of Religion, Sports, School-related Activities, Community/Recreational Programs, etc.):

Activity:	Day:	Time:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you need more information about the activities: Yes No

If yes, please list: _____

For Office Use Only: <input type="checkbox"/> Evaluation <input type="checkbox"/> Thank You <input type="checkbox"/> _____
Match #: _____



Please describe your child in the following areas:

Communication Skills (How well is your child able to understand and follow verbal directions? Does he or she use other forms of communication, for example, sign language?) _____

Level of Independence (What level of assistance would help your child feel successful?) _____

Please share with us any other information that would be helpful to your child's success in this program: _____

How do you hope your child will benefit from this activity? _____

Would you like us to contact your child's teacher? Yes No

Teacher's Name: _____

Teacher's Phone #: _____

Parent's Signature: _____

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Questions: amber.linza@hornellcsd.org or (607)-324-1303 x 1524

Return completed application to: Amber Kossow, Ties Coordinator , 134 Seneca Street Hornell, NY 14843



Student Volunteer Application

Name: _____ Date: _____

Address: _____

Birthdate: _____ Grade: _____ School: _____

Phone Number: _____ E-Mail Address: _____

Previous Participation in Volunteer Activities: _____

Personal Interests/Hobbies: _____

Personal attributes that would contribute to your ability to provide support to a person with a developmental disability: _____

Are there certain extracurricular/community activities for which you particularly enjoy providing support? _____

What are you hoping to learn from this volunteer experience? _____

Please share with us any information about yourself or your experiences that may be helpful: _____

Please provide two unrelated references that we may contact:

Name: _____

Name: _____

Phone #: _____

Phone #: _____

E-Mail: _____

E-Mail: _____

For Office Use Only

Relationship with the volunteer:

Relationship with the volunteer:

How long have you known the volunteer?

How long have you known the volunteer?

List characteristics of the volunteer
(e.g.: responsible, reliable, etc.):

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Do you have any knowledge of the
volunteer's experience working with
children? Please explain.

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Please return completed application to:

Amber Kossow, HCSD TIES Coordinator
34 Seneca Street
Hornell, NY 14845

(607)-324-1303 x 1524
Amber.linza@hornellcsd.org

TIES LOGO