

**Moving Miracles**  
**Dance & Adaptive Fitness**  
**Volunteer Application**

Attachment A

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Please note Dance volunteers must be 12 years of age or older and Adaptive Fitness volunteers must be at least 18 years of age.**

Are you under 18 years of age?     Yes     No

If yes, what is your age? \_\_\_\_\_

How did you learn about Moving Miracles Dance Program?

\_\_\_\_\_

Why would you like to become a Moving Miracles volunteer?

\_\_\_\_\_

1. Briefly describe your experience, if any, with dance/fitness:

\_\_\_\_\_  
\_\_\_\_\_

2. Briefly describe your experience, if any, with people with developmental disabilities:

\_\_\_\_\_  
\_\_\_\_\_

3. Please list any medical conditions you would like to make us aware of (i.e. allergies, cardiac or respiratory conditions, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**Please list two personal references (not relatives), such as school teachers or coaches whom we may contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Your signature, or if you are under 18, your parent/guardian's signature required:**

\_\_\_\_\_

*You will be notified following a review of your application. If you are approved, a time for orientation will be scheduled. All volunteers must attend a Volunteer Orientation prior to volunteering.*

Please return completed form to:

Moving Miracles  
954 Union Road, Suite 1  
West Seneca, NY 14224

Phone: (716) 656-1321  
Fax: (716) 771-3688  
Email: info@movingmiracles.org