

KIDS BREAKING FREE FOUNDATION, INC. (KIDS BFF) / S.E.R.V. NIAGARA

PARTICIPATION

In which role will you be participating?

- Internship (course credit) - Name of College or University: _____
 Volunteer

In which of the following would you like to participate? (Please indicate order of preference.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Administrative / Office | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Research |
| <input type="checkbox"/> After School Programs | <input type="checkbox"/> Horse Therapy | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Art Therapy | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Spiritual Life |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Independent Living | <input type="checkbox"/> Teacher Aide |
| <input type="checkbox"/> Donor Relations | <input type="checkbox"/> Mentor | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Facility Maintenance | <input type="checkbox"/> Music Therapy | <input type="checkbox"/> Weekend Friend |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Preventive Services | <input type="checkbox"/> Wrap Services |
| <input type="checkbox"/> Financial Counseling | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Other (specify): _____ |

AVAILABILITY

- Long-Term Short-Term Special Project

1. Check the box for the time period(s) in the day(s) you're available.
2. Indicate the number of hours per day you would volunteer.

| | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday | | Sunday | |
|------------------|--------|------------|---------|------------|-----------|------------|----------|------------|--------|------------|----------|------------|--------|------------|
| | X | # of Hours | X | # of Hours | X | # of Hours | X | # of Hours | X | # of Hours | X | # of Hours | X | # of Hours |
| Morning | | | | | | | | | | | | | | |
| Afternoon | | | | | | | | | | | | | | |
| Evening | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

Required Total Hours (if applicable): _____