



# VOLUNTEER REGISTRATION FORM

## How can YOU help our families?

Be a part of the MATRIX Mission!

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

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

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

County: \_\_\_\_\_

### I can help best with:

- Office Help
- Event Staff
- Parent Advising
- Other:

### Availability

- Daytime (M-F, 8-5 pm)
- Weekends
- Evenings
- Other (please specify):

*Empowering Families of Children with Special Needs for Over 30 Years*

