



Santa Cruz Training Programs, Inc.

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“Supporting People with Disabilities in Their Community since 1968”

VOLUNTEER APPLICATION

Name: _____

Address: _____ Telephone: _____

Occupation: _____

In case of emergency notify:

Name: _____

Address: _____ Telephone: _____

1. WORK EXPERIENCES:

A. Volunteer: _____

B. Employment: _____

C. Experience: _____

2. COMMUNITY AFFILIATIONS AND OFFICES HELD: _____

3. HOBBIES, SKILLS, SPECIAL INTERESTS, LANGUAGES: _____

4. PLEASE INDICATE TIME AVAILABLE:

| | Mon | Tue | Wed | Thu | Fri |
|-----------|-----|-----|-----|-----|-----|
| Morning | | | | | |
| Afternoon | | | | | |
| Evening | | | | | |

SIGNATURE: _____ **DATE:** _____

Please Note:

DTTA Program: 2 days only

Training Programs: Depending on need