**Operation House Call**

*Families teaching health professionals*

217 South St. Waltham, MA 02453 • 781-891-6270 • www.arcmass.org • arcmass@arcmass.org

Robyn Dollar, *Family Coordinator*

dollar@arcmass.org

617-388-2631

**Family Volunteer Information Form**

**Date**:

**Name**:

**Address**:

**City, State, Zip**:

**Best time and place to reach you? (ex: email 1st? home tel: 2nd?):**

**Home**: **Cell**:

**Work: Email**:

**Child/children: (*please list names and dates of birth*)**:

**What is the nature of your child’s, or childrens’, special need(s)? Please be specific (*e.g. autism, verbal/non-verbal, seizure disorder, important medical issues, etc.*) and identify child by name for clarity**:

**Please comment briefly on schooling, social or recreational interests of child(ren)**:

**Is there anyone else, not specified above, who lives in the home (other family members, care providers, etc.)?**

**How many times would you like volunteer annually (1-6)?**

**Are you interested in volunteering on short notice if another family needs to cancel?**

**Pets?**

**Allergies?**