

Other courses or special training _____

Skills (be specific) _____

Areas of Interest:

In Disability:

Mental Illness	___	Traumatic Brain Injury	___
Deaf/Hard of Hearing	___	Blind/Visual Impairment	___
Learning Disability	___	Mental Retardation	___
Speech Impairment	___	Mobility/ Physical Impairment	___
Neurological/Cognitive Disability	___		

Other _____

In Issue/Program:

Assistive Technology	___	Education	___	Housing	___
Community Integration	___	Employment	___	Transportation	___
Architectural Access	___	Voting	___	Guardianship	___

Other _____

In Ethnicity:

African American ___ Hispanic ___ Native American ___
Asian American ___

Other _____

Have you done volunteer work before? Yes___ No___ When? _____

What? _____ Where? _____

Availability:	Mon.	Tues.	Wed.	Thurs.	Fri.
A.M. 8:00-12:00	()	()	()	()	()
P.M. 12:00- 5:00	()	()	()	()	()
Daily 8:00- 5:00	()	()	()	()	()

I would like to volunteer my time to provide outreach for DRC in the following capacity:

Information Dissemination	___	Organize DRC Training	___
Media	___	Speakers Bureau	___
Data Base	___	Special DRC Projects	___
CAP Mentor	___	Feedback/Public Input	___
DRC In-Office	___	Publications	___
Resources	___	Advisory Council for individuals w/	___
Gathering	___	Mental Illness	___
Maintenance	___	Traumatic Brain Injury	___
Cultural Diversity	___	Governing Board	___
Incentives/Recognition	___	AR Can Do Committee	___

Other _____

References: (Give full names and phone numbers)

1. _____

2. _____

3. _____

Return Application to:
 Disability Rights Center
 DRC PALS Application
 1100 N. University, Suite 201
 Little Rock, AR 72207

501-296-1775 V/TTY
 800-482-1174 V/TTY
 501-296-1779 FAX

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www.arkdisabilityrights.org