



Date _____

GiGi's Playhouse Rockford Volunteer Application

Name _____	Email _____
Street Address _____	City _____
State _____	ZIP _____
Home Phone _____	Cell Phone _____
Date of Birth _____	

Do you have a relative with Down syndrome? What is their name/birthdate? _____

Do you want to receive communication from GiGi's Playhouse Rockford? Y _____ N _____

Do you have a talent or special interest you would be willing to share with our groups? _____

Availability? Please circle - M T W TH F SA SU MORN AFTERNOON EVENING

Volunteer Opportunities

Please check opportunities that are of interest to you:

Weekly

Open Play (All Ages) _____	Literacy (All ages) _____
	Math (All ages) _____

Monthly

2 & Under _____	Playhouse Pals (6-8yrs.) _____
Crawlers (0-2 yrs.) _____	Kids Club (9-12 yrs.) _____
Walkers (2 & up) _____	Teen Tastics (13-17 yrs.) _____
Hop, Skip & Jumpers (3-5 yrs.) _____	Friday Friends (Adults 18+up) _____
	Daddy & Me (All ages) _____

Events

Seasonal Celebrations

Easter Egg Hunt _____
Halloween _____
Christmas _____
New Year's Eve Party at Noon _____
Seasonal Birthdays _____

Fundraisers

Committees:
Rockford Gala _____
Rockford Golf Outing _____

As needed

New Parent Orientation _____	Computer Work _____
Administration - putting together packets, mailing, etc. _____	Decorating Playhouse _____
Cleaning (toys, playhouse etc.) _____	Office organization _____