

# PACER Puppet Programs

## Information for Prospective Puppeteers

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Thank you for your interest in PACER Center's puppet programs! Our two puppet programs, COUNT ME IN and KIDS AGAINST BULLYING, offer to volunteers who enjoy interacting with children an opportunity to promote a positive message, learn a unique style of puppetry and improve their presentation skills under staff supervision. Volunteers work in teams of three to present puppet shows two days per month and interact with children in audiences of 25 to 100. Volunteers attend training, memorize scripts and provide their own transportation.

PACER's charming child sized hand and rod puppets represent children with a variety of disabilities and diverse backgrounds. Volunteers choose between two entertaining and child friendly puppet projects. The KIDS AGAINST BULLYING puppet show reaches out to schools and students to promote the important and relevant issue of bullying prevention. COUNT ME IN teaches preschool and elementary aged children about disabilities and inclusion.

If you would like to volunteer to be a part of one of these exciting projects, here's what you will be doing:

1. Attend a training workshop to learn about disabilities or bullying and the puppets; choose puppet roles you would like to learn.
2. Memorize your chosen roles and practice with the puppets (at times convenient for you).
3. Devote two or more days each month during the school year to presenting programs in elementary schools or preschools in our area.
4. Enjoy a rewarding experience helping students learn how to prevent bullying or how to include their peers with disabilities. A song concludes each presentation... a musical reminder of the theme of each show:



### ***COUNT ME IN***

*Maybe we don't all walk the same, and  
Maybe we don't all talk the same,  
But all people want to say  
COUNT ME IN!"*

### ***KIDS AGAINST BULLYING***

*Speak up, reach out,  
You can stop the bullying.  
Speak up, reach out,  
You can be a friend!*

We invite you to join with PACER in promoting bullying prevention and positive attitudes toward persons with disabilities. If you have any questions about PACER's Puppet Programs, please call us at 952-838-9000 or email us at [puppets@pacer.org](mailto:puppets@pacer.org)

*"I love doing this. It's been fun and a great learning experience."*

*- PACER puppeteer*

### **PACER Center, Inc.**

8161 Normandale Boulevard • Minneapolis, MN 55437-1044 • (952) 838-9000  
[puppets@pacer.org](mailto:puppets@pacer.org) • [www.pacer.org](http://www.pacer.org)

**PACER CENTER**  
**Puppet Program Volunteer Application**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**Person to notify in emergency:**

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Current or most recent Employment**

Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**Volunteer History: Start with most recent**

1. Organization \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

2. Organization \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**References:** List one professional reference (employer, co-worker, teacher, clergy) and one personal reference (excluding relatives). **Please print.**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

**I declare that the information on this form is true and correct to the best of my knowledge. I understand that providing this information does not guarantee my acceptance as a volunteer nor does it obligate me to accept a volunteer assignment. I understand that PACER Center may request a background check on me pursuant to the Minnesota Child Protection Background Check Act. Information will be provided regarding my rights and I will sign an appropriate release authorization if requested to do so.**

**I agree to comply with program volunteer policies and procedures.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete other side**

**How did you learn about our volunteer program?**

Pacesetter or e-news                       Internet site \_\_\_\_\_                       Newspaper  
 Staff or volunteer                      Other (please specify) \_\_\_\_\_

**Availability for Volunteering:**

**Program:**

Count Me In  
 Kids Against Bullying

	<b>Availability</b>	Morning	Afternoon	Evening
<b>Commitment:</b>	Monday	_____	_____	_____
<input type="checkbox"/> More than 6 months	Tuesday	_____	_____	_____
<input type="checkbox"/> Less than 6 months	Wednesday	_____	_____	_____
<input type="checkbox"/> Weekdays	Thursday	_____	_____	_____
<input type="checkbox"/> Weekends	Friday	_____	_____	_____
<input type="checkbox"/> Intermittent (Please	Saturday	_____	_____	_____
explain) _____	Sunday	_____	_____	_____

Will you be receiving academic credit for your volunteer work?     yes                       no

Do you have your own transportation?                       yes                       no

**Please tell us about yourself so we can best match your skills and expectations.**

**What interests you in this volunteer position?**

**What talents, skills, hobbies or life experiences do you bring to your volunteering?**

**Anything else you would like us to know about you as a volunteer?**

**Please return this application to:**

**PACER Center Puppet Program**  
PACER Center, 8161 Normandale Blvd., Minneapolis, MN 55437-1044  
952-838-9000 Voice, 952-838-0190 TTY, 952-838-0199 Fax  
Parents in Greater Minnesota may call toll-free 1-800-53-PACER (537-2237)  
PACER.org                      [puppets@PACER.org](mailto:puppets@PACER.org)