VOLUNTEER INFORMATION FORM

Volunteer's Name: _____

Address: _____

Cell Phone: _____

Date of Birth: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Telephone: _____

Availability (indicate time of day available):

Monday   _____

Tuesday   _____

Wednesday   _____

Thursday   _____

Friday   _____

Saturday   _____

Sunday   _____

Relevant Experience / Skills:

_____
_____
_____
_____
_____
_____

References:

Name: _____

Relationship: _____

Phone Number: _____

Email Address: _____

Name: _____

Relationship: _____

Phone Number: _____

Email Address: _____

_____   _____

Volunteer's Signature   Date

cc: Payroll