



Please print

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Email: _____

Have you been convicted of a felony in the past five years? _____

If yes, please explain: _____

Date of Birth: _____ Are you a student? _____

What School do you attend? _____

Year/Grade: _____ Major: _____

Have you done volunteer work at another non-profit? _____

If yes, where and what did you do? _____

What type of work would you like to do here? _____

What skills, training, or knowledge to you wish to use here? _____

Why do you want to volunteer here? _____

When are you available to volunteer?

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Time					

When would you like to begin volunteering? _____

Would you like to be added to our newsletter email list? Y or N



In an emergency, notify:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____

Volunteer Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

(If volunteer is under age 18.)