

VOLUNTEER FORM



Personal Information

Name:

Date of Birth:

Gender:

Home Address:

City:

State:

Postal Code:

Primary Phone Number:

Alternate Phone Number:

Email Address:

Emergency Contact Name:

Emergency Contact Relationship:

Emergency Contact Phone Number:

How did you hear about us?

Volunteer Preferences

Desired Volunteer Role(s):

Available Start Date:

Available Days:

☐

Monday

☐

Tuesday

☐

Wednesday

☐

Thursday

☐

Friday

☐

Saturday

☐ Sunday

Available Time(s) (e.g. Mornings, Afternoons, Evenings):

☐ Morning

☐ Afternoon

☐ Evening

Please specify if there is any specific group/cause you are interested to work with:

Volunteer Experiences And Skills

Previous Volunteer Experience:

Relevant Skills:

Languages Spoken:

Any Certificate (CPR, First Aid, etc.):

Background Check

We conduct a background check on all our volunteers for safety reasons. Do you consent to a background check?

☐ Yes

☐ No

References

Reference 01 (Name, Relationship, Phone, Email):

Reference 02 (Name, Relationship, Phone, Email):

Volunteer Agreement

I hereby confirm that the information provided is true and correct. I understand that falsification of any information may result in disqualification from volunteering. I understand that I will be subject to a criminal background check prior to approval as a volunteer.

Signature:

Date: