**All information provided below will be kept confidential. Please type or print.**

**CONTACT INFORMATION:**

|  |  |
| --- | --- |
| Today's Date |  |
| First Name |  | Last Name |  |
| Address |  | Suite/Unit |  |
| City |  | State |  | Zip Code |  |
| Home Phone |  | Cell Phone |  |
| May we call you? □ Yes □ Yes, please use discretion □ No |
| Birth Date |  | Email |  |
| Emergency Contact Name |  | Phone Number |  |

**INTERESTS:**

|  |
| --- |
| Please tell us which areas for which you want to volunteer (please see attached volunteer opportunities): |

**AVAILABILITY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Weekdays:** | □ Mornings | □ Afternoons | □ Evenings |
| **Weekends:** | □ Saturday | □ Sunday |  |
| **Employed:** | □ Full Time | □ Part Time | □ Retired |
| **Student:** | □ Full Time | □ Part Time |  |
| **How often would you like to volunteer:** | □ Daily □ Weekly □ Monthly □ Special Events | □ Whenever needed |
| How many hours would you like to volunteer? |
| □ Please contact me to discuss my availability |