Volunteer Registration Form

First Name.....Last Name .....

Address .....City/State/Zip. .....

Telephone .....

Date of Birth.....

Personal Information (please circle correct response):

Gender: Male Female

Physical Limitations: No Yes (Please Explain)

Education (highest level completed)

Grades 1-5 6-9 11-12 College Business Graduate School Technical/Vocational

Former work/occupation.....**Most recent employer (optional)**.....

List previous volunteer experience..... .....

Skills (List your skills and indicate proficiency level) Skilled Can Teach Amateur

1. ....

2 ....

3 ....

Languages Fluent Read Write

1 ....

2 ....

Volunteer availability: (Circle all applicable)

Number of Days per week: 1 2 3 4 5

Monday Tuesday Wednesday Thursday Friday No Preference

Transportation: (How you will get to your assignment)

Public Trans. Walk Bus/Van Taxi/Car Svc Car

In an emergency, notify:

First Name.....Last Name .....

Address ....

City/State/Zip.....Telephone .....

Volunteers hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin.

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(Signature/Volunteer) (Signature/Staff) (Date