

VOLUNTEER INFORMATION FORM



Name: _____

Home Phone: _____ Work: _____ Cell: _____

E-Mail: _____

Address: _____

City/Zip: _____ Birthday: _____

Are you currently employed? _____ Part time: _____ Full time: _____

Where? : _____ Occupation: _____

Please list any experience you have had working with the elderly, any previous volunteer experience, any previous applicable work experience and/or affiliations with any community organizations:

Please list any special skills, training, or abilities (including any additional language you may speak):

What is your area of interest? Part Time Office Assistance Part Time driver

Other _____

Could you work: 9:00 a.m. - 1:00 p.m. Yes No 1:00 p.m. - 5:00 p.m. Yes No

Which days in the week: (Check all that apply) Mon Tue Wed Thu Fri

If driving, how would you prefer to receive ride reminders? Email Text Both

When can you start volunteering? _____

In case of emergency, please notify: _____

Phone # _____ Relationship: _____

Signature of Volunteer: _____ Date: _____