# CONTACT INFORMATION

**Name:**

**Address:**

**ZIP Code: Home Phone:**

**Work Phone:**

**E-Mail Address:**

## Availability

When are you available for volunteer assignments?

\_\_\_ :\_\_\_\_\_ to \_\_\_:\_\_\_\_\_ Monday \_\_\_ :\_\_\_\_\_ to \_\_\_:\_\_\_\_\_ Thursday

\_\_\_ :\_\_\_\_\_ to \_\_\_:\_\_\_\_\_ Tuesday \_\_\_ :\_\_\_\_\_ to \_\_\_:\_\_\_\_\_ Friday \_\_\_ :\_\_\_\_\_ to \_\_\_:\_\_\_\_\_ Wednesday \_\_\_ :\_\_\_\_\_ to \_\_\_:\_\_\_\_\_ Saturday

## Interests

|  |  |
| --- | --- |
| In which areas are you best suited to volunteer? |  |
| \_\_\_ AIDS/ HIV \_\_\_ Homelessness/ Hunger | \_\_\_ Environment |
| \_\_\_ Children and Youth \_\_\_ Volunteer Leadership | \_\_\_ Health/ Wellness |
| \_\_\_ Disaster Assistance \_\_\_ Building/ Repair | \_\_\_ Seniors |
| \_\_\_ Fundraising \_\_\_ Disability Services | \_\_\_ Youth Volunteering |

## Special Skills or Qualifications

Skills and qualifications can be acquired through employment, previous volunteer work, or other activities such as hobbies or sports. What skills or qualifications do you have as a volunteer?

Do you have your own means of transportation? Yes No

If not, what kind of transportation do you plan to use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Contact in case of Emergency:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Explain why you want to be a Volunteer

## References (Excluding relatives)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Occupation Work Phone Home Phone

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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