



## Volunteer Information

Name: \_\_\_\_\_ Referred by: \_\_\_\_\_

Driver's License # or ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Phone: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Best time/method to contact you: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Select Availability:

\_\_\_ Tuesday (8:45am-11:15am)      \_\_\_ Tuesday (4:45pm-7:15pm)

\_\_\_ Wednesday (8:45am-11:15am)      \_\_\_ Thursday (8:45am-11:15am)

\_\_\_ Friday (8:45am-11:15am)      \_\_\_ Saturday (10:30am-1:30pm)

Have you ever been convicted of a crime? \_\_\_Yes \_\_\_No If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have a communicable disease? \_\_\_Yes \_\_\_No If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you speak any additional languages? \_\_\_Yes \_\_\_No If yes, what please advise: \_\_\_\_\_

Special skills/training/resources—that you can share: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*This sheet is for informational purposes only. All information will be kept confidential.**