

VOLUNTEER REGISTRATION FORM

This information will assist us in coordinating a background check, your interests, special training and available time with the volunteer service opportunities here. All information given shall remain confidential.

First Name _____ MI _____ Last _____

Address _____ City _____

ZIP _____ Phone _____ Date of Birth _____

Email: _____

Education:

Work Experience:

Previous volunteer experience:

Special Skills (Hobbies, second languages, etc.):

Schedule Preferences: (Please check all that apply) Morning _____ Afternoon _____ Evening _____

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

How many hours per week: _____ How many days per month: _____

Please check any of the following that might be of interest to you:

Special Events _____ Bingo _____ Bus trips/Outings _____ Gardens/Flowers _____ Pets _____

Fishing Buddy _____ Lawn Mowing _____ Table games/cards _____ Sewing _____ Music _____

Reading _____ Friendly Visitor _____ Doctor Appointments _____ Walks Outside _____

Letter writing _____ Baking/Craft Group _____ Computer/Tablet _____ Other: _____

Person to contact in case of emergency: _____

Relationship to you: _____ Phone: _____

Signature: _____ Date: _____

Youth Volunteer Parental Approval: _____ has my permission to become a volunteer at CHCC. I understand that a complete orientation to the facilities will be given and that there will be supervision by a staff member at all times.

(Signature of parent or guardian)

(Date)