

**VOLUNTEER INTAKE FORM**

Disclaimer: Thank you for your interest in volunteering for [ORGANIZATION NAME]. This form is used to collect information about new volunteers and used for internal purposes only. The information you provide is confidential and will be treated accordingly.

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| **VOLUNTEER INFORMATION** |

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

**Street Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code**: \_\_\_\_\_\_\_\_

**E-Mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_

**Spoken Language(s)**: [ ]  English [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Volunteer Work**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you need to fulfill a specific requirement of volunteer hours?**

[ ]  Student

[ ]  Court Mandate

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, how many hours are you required to fulfill: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the **deadline**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

List and **physical** or **medical limitations**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **EMERGENCY CONTACT** |

**Emergency Contact Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**E-Mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **AVAILABILITY** |

**List the days and times you are available to volunteer**:

**Would you like to be notified about one-time, short-term volunteer opportunities?**

[ ]  Yes

[ ]  No

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| **INTERESTS & QUALIFICATIONS** |

**Kind of volunteer assignment desired**:

**Skills and qualifications**:

**Highest level of education**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Driver’s License?** [ ]  Yes [ ]  No

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| **ACKNOWLEDGEMENT** |

I recognize that the opportunity to participate in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ volunteer program may involve physical labor and may carry a risk of personal injury and I hereby agree to assume all risks which may be associated with my participation.

I hereby release, discharge, waive and relinquish all claims, liabilities and damages I may sustain from bodily injury, personal injury or property damage and hold harmless the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, its officers, directors, employees and agents.

Volunteer Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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