



VOLUNTEER INTAKE FORM

Disclaimer: Thank you for your interest in volunteering for .
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.

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**:

EMERGENCY CONTACT

Emergency Contact Name: _____

Relationship: _____

E-Mail: _____ Phone: _____

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

INTERESTS & QUALIFICATIONS

Kind of volunteer assignment desired:

Skills and qualifications:

Highest level of education: _____

Driver's License? Yes No

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: _____ Date: _____

Print Name: _____