



VOLUNTEER INFORMATION FORM

NAME: _____ HOME PHONE: _____

ADDRESS: _____ WORK PHONE: _____

CITY/STATE/ZIP CODE: _____

PHYSICAL LIMITATIONS: _____

MONTH/DAY OF BIRTH: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME: _____ PHONE: _____

EDUCATION: (circle one) 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4
DEGREE: _____

TYPE OF ASSIGNMENT DESIRED (see reverse): _____

AVAILABLE TO VOLUNTEER (circle one) Daily Weekly Special Projects

CHECK MOST CONVENIENT TIME (S) TO VOLUNTEER:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings	_____	_____	_____	_____	_____	_____
Afternoons	_____	_____	_____	_____	_____	_____

SUMMARY (Interests, hobbies, language fluency (spoken/written), career experience, volunteer/salaried):

Specific Requirements: Medical/Dental Clinic volunteers only:

1. Physical Exam
2. T.B. Skin Test
3. Hepatitis B
4. Current License/Certification No. _____ Expiration Date _____

Specific Requirements: TLC volunteers only (may be required):

1. TLC Background check (fingerprinting)
2. T.B. Skin Test

I hereby apply for work as a volunteer and certify that the statements made by me are true, complete and correct to the best of my knowledge and are made in good faith.

Signature: _____ Date: _____