Updated 5/03

Volunteer Registration Form

Office Use	
____	TB Test Completed
____	Database Entry
____	Background Check
____	Community Service

Application Date: _____

☐ Adult ☐ Youth

Name: _____
First MI Last

Address: _____
Street Apt. # City Zip Code

Phone: _____ _____
Home Work

E Mail: _____

In case of Emergency please contact:

_____ _____ _____
Name Relationship Phone

Select Area(s) of Interest: ☐ Friendly Visiting ☐ Reading to residents

☐ Popcorn Day ☐ Chapel Services ☐ Transporter

☐ Wood Shop ☐ Mail Delivery ☐ Computer Lab ☐ Office/clerical

☐ Bingo ☐ Pet Care ☐ Special Events ☐ Other_____

When are you available to volunteer? Morning Afternoon Evening

Date of Birth (mm/dd/yy): _____ (optional for recognition purposes)

Circle Last Grade completed:

Middle School 5 6 7 8

High School 9 10 11 12

College 1 2 3 4 College Major: _____

Are you required to volunteer? Yes No

If yes, by whom? _____

_____ _____
Signature Date

_____ _____
Signature of Parent if under the age of 18 Date