**Volunteer Information**

 Name Home Phone Number Work Phone Number

 Today’s Date Email Address Cell Phone Number

 Street/Physical Address City State Zip Code

 Mailing Address (if different from physical address) City State Zip Code

 Name of Emergency Contact Emergency Contact Phone Number Your Spouse/Companion’s Name

 Where did you hear about our program?

 What days and time of day will be able to volunteer? Do you have transportation?

 Please list your area(s) of field or work experience/expertise.

 Please list your special skills, interests, hobbies, etc.

*WE DO NOT REQUIRE THE INFO. BELOW. WE WOULD LIKE TO KNOW MORE ABOUT YOU. IT WOULD ALSO AID US W/VOLUNTEER DEMOGRAPHICS*

 Date of Birth Age Gender (please circle) M F

Ethnicity (please circle one) American Indian Afro-American Hispanic Caucasian Asian Other I prefer not to answer

Work Status (please circle one) employed unemployed retired disabled home-worker K-12 school Higher education

 I prefer not to answer

What areas are you willing to volunteer? Please check all that apply:

 office/clerical telephoning fundraising publicity

 public speaking host/hostess artwork/brochures/posters

 providing transportation to others for membership meetings, workshops, open houses, etc. (we do not provide transportation for tutoring)