



CENTER: _____

VOLUNTEER INFORMATION

Name: _____ Date _____

Address _____

City _____ State _____ Zip _____ - _____

Telephone (____) _____ Email _____

Employer _____

Address _____

City _____ State _____ Zip _____ - _____

Telephone (____) _____

Type of volunteer work in which you are most interested?

- | | | |
|--|--|---|
| <input type="checkbox"/> Organizing/Planning | <input type="checkbox"/> Committee Work | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Special Projects | <input type="checkbox"/> Typing | <input type="checkbox"/> Answering Phones |
| <input type="checkbox"/> Receptionist/Filing | <input type="checkbox"/> Computer/Data Entry | <input type="checkbox"/> Art/Graphics |
| <input type="checkbox"/> Writing/Editing | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Other _____ |

Days and Times Available:

- | | | | | | |
|-----------|-------------------------------|-------------------------------|----------|-------------------------------|-------------------------------|
| Monday | <input type="checkbox"/> a.m. | <input type="checkbox"/> p.m. | Tuesday | <input type="checkbox"/> a.m. | <input type="checkbox"/> p.m. |
| Wednesday | <input type="checkbox"/> a.m. | <input type="checkbox"/> p.m. | Thursday | <input type="checkbox"/> a.m. | <input type="checkbox"/> p.m. |
| Friday | <input type="checkbox"/> a.m. | <input type="checkbox"/> p.m. | | | |

Type of commitment you wish to make:

- | | | |
|--------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Ongoing | <input type="checkbox"/> On-call (Special Projects) | <input type="checkbox"/> Short Term |
| <input type="checkbox"/> Other _____ | | |

Pertinent educational or volunteer experience: _____

In case of emergency contact: _____

Telephone (____) _____ Relationship _____

Attach Professional Staff Application (BdGov.5) if volunteer is to tutor children. The above must be submitted to the Executive Director of Clinical Affairs.