



Volunteer Intake Form

Volunteer Information

First Name: _____ Last Name: _____

Date of Birth: _____

Phone Number: _____ Cell Phone Number: _____

Address: _____

Email Address: _____

In case of Emergency Contact:

Name: _____

Phone: _____

Relationship: _____

Availability Hours

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Available

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Currently Volunteering

Volunteer Roles

Any accommodations or restrictions. _____

I feel comfortable driving a van Yes No

I am comfortable with computers Yes No

I can lift heavy boxes. Yes No

I can help with gardening Yes No