

VOLUNTARY ACTION CENTER

Volunteer Registration Form

DATE: _____

NAME: _____

ADDRESS: _____

EMAIL: _____

HOME PHONE: _____ CELL PHONE _____

BIRTHDATE: _____

DRIVERS LICENSE NUMBER: _____

DO YOU HAVE AUTO INSURANCE? _____

HOW DID YOU FIND OUT ABOUT VAC'S VOLUNTEER PROGRAM ?

NEIGHBOR / FRIEND _____ VAC VOLUNTEER _____

NEWSPAPER _____ VAC WEB SITE _____

OTHER _____

HOW OFTEN WOULD YOU LIKE TO VOLUNTEER?

WEEKLY _____ MONTHLY _____ OCCASSIONALLY _____

ARE YOU AVAILABLE YEAR AROUND? YES _____ NO _____

IF NOT, WHEN ARE YOU AVAILBLE (i.e. June thru Nov) _____

WILL YOU BE VOLUNTEERING AS PART OF A GROUP, ORGANIZATION OR BUSINESS?

Y/N _____ IF YES, THE NAME _____

DAYS YOU ARE AVAILABLE:

DAY	AVAILABLE Y/N	TIME OF AVAILABLITY
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		