



VOLUNTARY ACTION CENTER

Volunteer Registration Form

Date: _____ Name: _____

Address: _____

Email address: _____

Home phone: _____ Cell Phone: _____

Birth date: ___/___/_____ Driver's License Number: _____

Emergency Contact _____ Phone _____

Do you have auto insurance? _____ Company: _____

How did you find out about VAC's volunteer program? _____

Referred by:

- VAC Employee _____
- NEIGHBOR / FRIEND
- VAC VOLUNTEER
- NEWSPAPER
- VAC WEB SITE
- OTHER _____

How often would you like to volunteer?

- WEEKLY
- MONTHLY
- SEASONALLY
- OCCASSIONALLY

Are you available year round? YES ___ NO ___ When are you available? _____

Will you be volunteering as part of a group, organization or business? YES ___ NO ___

Name of group, organization or business: _____

Day	Available Yes/No	Time of availability
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

