**VOLUNTEER & STUDENT REGISTRATION FORM**Revised 09/2013

**Contact Information**

|  |  |
| --- | --- |
| Full Name  *If under 18, please include name of parent or guardian* |  |
| Date of Birth |  |
| Address  *Include City, State and Zip Code* |  |
| Email |  |
| Phone Number |  |
| Alternate Phone Number |  |

**Volunteer Interest**

Any special skills (i.e. computer skilling or filing)?

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Why are you volunteering? For a school or scholarship program? Hours needed?

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**Availability**

* Certain Dates: From: \_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_
* Days of the Week: □ Mondays Time: \_\_:\_\_\_\_ to \_\_:\_\_\_

□ Tuesdays Time: \_\_:\_\_\_\_ to \_\_:\_\_\_

□ Wednesdays Time: \_\_:\_\_\_\_ to \_\_:\_\_\_

□ Thursdays Time: \_\_:\_\_\_\_ to \_\_:\_\_\_

□ Fridays Time: \_\_:\_\_\_\_ to \_\_:\_\_\_

□ Saturday Time: \_\_:\_\_\_\_ to \_\_:\_\_\_

**Emergency Contact**

Primary Emergency Contact : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_