



Date: ___/___/___

Volunteer Registration Form

Volunteer Program: _____ Place of Worship: _____

Name: _____ Age: _____ Female:
 Male:
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Email Address: _____

Current Employer or Former Employer (if retired): _____
 Job Title: _____ Work Phone: _____

How should we contact you? Home Work Email Mail

What is the best time to contact you? _____

I can donate _____ hours during the week, and _____ hours during the weekend.

I can donate _____ hours between ___/___/___ and ___/___/___.

I am available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Skills

- Computer
- Handyman
- Arts & Crafts
- Public Speaking
- Legal
- Medical
- Accounting
- Other: _____

Languages Spoken:

Do you have a valid CA Drivers License?

Yes No

Do you have valid car Insurance and registration tags?

Yes No

Resources you can Share

- Van/SUV/Truck
- Computer
- Camera
- Video Camera
- Craft Supplies
- Storage Space
- Other: _____

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What are your reasons for volunteering with the Valley Interfaith Council?:

How did you find out about the Valley Interfaith Council?:

Please describe any previous volunteer experiences:

Do you have any special skills? Do you have any skills you would be willing to teach?:

Can you perform heavy lifting?: Yes No

Can you sit for long periods of time?: Yes No

Are you willing to be finger printed?: Yes No

Are you willing to be drug tested?: Yes No

Are you willing to be TB tested?: Yes No

Are you interested in learning new job skills?: Yes No

Do you prefer to work independently: or in groups: ?

How far are you willing to travel from your home?: _____ miles.