



Group/Individual Volunteer Form

Application Date _____ Group _____ Individual _____

General Information:

DOB _____ Social Security _____
First Name _____ Last Name _____
Address _____ City/State/Zip _____
Phone _____ Email _____
Level of Education: HS _____ Fr _____ So _____ Jr _____ Sr _____ Assoc. _____ BA/BS _____ MA _____ PhD _____
Technical/Other _____ Training _____
What general skills, interests, or experiences can you/group contribute to The Center? _____

Organization/Group

_____ Coordinator Name _____
How many in the group are:
_____ under 16 years _____ 16-20 years _____ 21-40 years _____ 41-60 years _____ Over 60 years _____

Volunteer Placement Survey:

Ever volunteered with The Center as a group or individual before? Yes _____ No _____ When _____
How did you/group hear about us? _____
Why volunteer at The Center? _____
Availability to work? Hours per mth _____ Time of Day _____ Day(s) of Wk _____ For how long _____

Community Service Information:

Applying to fulfill a class or community service hour requirement, list what it is? _____
Hours Required _____ Hours completed by date of _____
Supervisor/contact person _____ Phone _____ Called Y N Initial _____
Are you/group also working your hours at another organization? _____

Notes (for office use: Copy of Individuals DL Y N Initial _____

