Volunteer Information Form

(ONE TIME VOLUNTEERS)

To be completed and submitted the day of your volunteer participation.

All information will be held strictly confidential. PLEASE PRINT CLEARLY

DATE:_____VOLUNTEER TIME:_____

IF VOLUNTEERING AS AN INDIVIDUAL

Name: _____ E-mail:_____

Phone :_____ Age:_____

If under 18, Emergency contact Name:_____

Relationship to Individual:_____ Phone:_____

IF VOLUNTEERING AS A GROUP

GROUP If applicable (team, school, organization, etc) _____

GROUP LEADER CONTACT: Name: _____

E-mail: _____Phone: _____

GROUP MEMBERS PARTICIPATING (first and last names)