



Volunteer Informational Sheet

Name: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Best time to call: _____ Birthday: _____ Favorite Color: _____

When Do You Want to Volunteer?

Morning _____ Afternoon _____ Evening _____ All day _____ limited hours _____

Area of interest (Check all that apply)

In house functions

Making phone calls _____

Advocate welcome room _____

Have you had advocate training before? _____ If yes, when _____

Out of house functions

Farmers Market (Seasonal) _____

Assist with school presentations _____

Event tear down or set up _____

Making phone calls only _____

Paperwork support _____

Advocate assistance responsibilities (training required) _____

Employment

An additional number that we can reach you at: _____

Any additional information you want to share with us:
