



New Volunteer Information Questionnaire

Volunteer Information:

Name: _____ Date: _____

Email: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth date: ____/____/____ Languages: _____

Emergency Contact Information:

Emergency Contact Name: _____

Emergency Contact #: _____

Allergies: _____

EDUCATION

Are you currently a student? ____ Current/ Most Recent School: _____

Degree Progress: _____ Degree/Specialization: _____

EMPLOYMENT

Are you currently employed? ____ Place of Employment: _____

Job Title: _____

Please indicate which day(s) and time(s) you are interested in volunteering:

- Monday : ____ Morning (8 AM – 12 PM) ____ Afternoon (12 PM – 4 PM)
- Tuesday : ____ Morning (8 AM – 12 PM) ____ Afternoon (12 PM – 4 PM)
- Wednesday : ____ Morning (8 AM – 12 PM) ____ Afternoon (12 PM – 4 PM)
- Thursday : ____ Morning (8 AM – 12 PM) ____ Afternoon (12 PM – 4 PM)



- Friday : ____ Morning (8 AM – 12 PM) ____ Afternoon (12 PM – 4 PM)
- Saturday : ____ Morning (9 AM – 12 PM)

How often are you looking to volunteer? _____

Any physical limitations we should be aware of?

What is motivating you to volunteer?

- For academic credit To learn new skills To stay active
- For social interaction Court mandated

If applicable, how many volunteer hours do you need to complete? _____

Do you have any skills, hobbies or interests that you would like to use while volunteering?

Do you have experience working with youth? YES NO

If yes, please describe your role and the grade levels you are comfortable with.

Please list any relevant work or volunteer experience.

Have you ever been convicted of a crime other than a traffic violation? YES NO

If yes, what charge? _____

Date Convicted: _____ Location: _____