



Temp Worker & Volunteer Contact Info Form

TYPE OF VOLUNTEER:

Non-profit group/team:

Middle School High School Families Adult Senior

YOUR INFO:

Name: _____

Address: _____

City, State, Zip: _____

Email: _____ Cell Phone: _____

Emergency Contact Name (adult 19+): _____ Cell Phone _____

What Event or Dates are you volunteering? _____

Days of the week available: _____ Times of day/nights available: _____

Hours you'd like to work per week: _____ Total in year: _____

How did you hear about volunteer opportunities? _____

GROUP INFO (skip if not with a group):

Group's Full Legal Name: _____

Other names your group goes by: _____

Type of Organization (sports team, church, etc): _____

Group Leader Contact/Coordinator Name: _____

Group Leader Cell Phone #: _____ Group Leader Email: _____

WOULD YOU LIKE TO BE ON OUR VOLUNTEER EMAIL LIST TO PICK SHIFTS AVAILABLE YEAR-ROUND?

IMPORTANT: CHOOSE YOUR VOLUNTEER RECOGNITION

I don't want to be paid:

Need hours certification form: _____ Provide me with certificate of hours worked: _____

Pay my stipend to my group listed above:

Signature: _____ Date: _____

For Office Use Only:

Volunteers _____ Total hours worked _____ Coded to _____

19 _____ Ck# _____ Date _____

Work Location _____ Dept _____