



Volunteer Information Sheet

Please print legibly.

Contact Information

Full Name	
Nickname	
Street Address	
City, State, Zip Code	
Home Phone	
Cell Phone	
E-Mail Address	
Birth Date (MM/DD/YY)	
Date Started	

Type of volunteer:

Reg. Volunteer

Service Hours (Student)

Community Service

Availability

Which days are you available and interested in working?

Monday	<input type="checkbox"/> 9:30am-12:00pm	<input type="checkbox"/> 12:00pm-5:00pm	
Tuesday	<input type="checkbox"/> 9:30am-12:00pm	<input type="checkbox"/> 12:00pm-5:00pm	
Wednesday	<input type="checkbox"/> 9:30am-12:00pm	<input type="checkbox"/> 12:00pm-5:00pm	
Thursday	<input type="checkbox"/> 9:30am-12:00pm	<input type="checkbox"/> 12:00pm-4:30pm	<input type="checkbox"/> 4:30pm-7:00pm
Friday	<input type="checkbox"/> 9:30am-12:00pm	<input type="checkbox"/> 12:00pm-5:00pm	

Would you be available and interested in other volunteer positions?

Bread Pickup (Usually morning hours)

Food Rescue Program (Usually morning hours)

Speaking

Other _____

Would you like to be on-call?

No Yes If Yes, How should we contact you? Phone Email

For Regular Business Hours* or For Other Volunteer Positions**

Intended period of voluntary service.

Regular Volunteers

Long-term (1yr plus) Short-term (less than 1yr.) _____

Student Service Volunteers and Community Work Service: Number of Hours: _____

Months not available? (Do you travel during the winter or summer months?)

Interests

Special Skills

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Person to Notify in Case of Emergency

Full Name	
Street Address	
City, State, Zip Code	
Home Phone	
Cell Phone	
E-Mail Address	

Do you have any personal limitations?

No Yes

If Yes, Please explain _____

Is there any pertinent health information that we should know?

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

- It is ECHO's policy that all volunteers complete a Volunteer Agreement and Confidentiality Form.
- It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.