

## **Volunteer Information Form**

Name:	
Addre	ss:
City	State: Zip:
	State: Zip: (Cell)(Other)
	(Cei)(Other)
I. Skil	ls and Interests
1 51	
	cation Background:
2. Cur	rent Occupation:
3. Prev	vious Volunteer Experience:
II. Pro	ferences in Volunteering
1 I. 41	and a monticular type of violuntary work in which you are interested? (Dlaces shock all that apply)
	here a particular type of volunteer work in which you are interested? (Please check all that apply)  Respite Provider
	Kids-A-Part Parenting Program
	JOY Drive gift sorting (December)
	Adoption Picnic (Fall)
	Pickleball Fundraiser (Fall)
	Group opportunities (like playground cleanup)
	Other:
_	Other.
III. A	<u>vailability</u>
1 14.	what times are very interested in valuntaging?
1. At v	what times are you interested in volunteering?  Flexible
	Prefer Weekends
	Prefer Days
	Prefer Evenings
	Other:
_	Other.
2. Do	you have access to an automobile you can use for volunteer work?
	Yes
	No
IV. Ba	ckground Verification
1. Cert	ain volunteer positions may require a background check which may include, Vermont Crime
	ation Center, Agency of Human Services Adult and Child Abuse & Neglect Registries, and a
	rint supported national criminal convictions check. Are you willing to complete a background
	orior to volunteering?
	Yes
_	No

## V. Other

1.	. Please list two non-family references whom we might contact as a reference:				
a.		Phone:			
b.		Phone:			
7.	7. How did you hear about us?				
		From Client of Agency			
		Advertisement			
		Volunteer Center			
		Referred by Friend/Volunteer			
		Agency/School			
		Other:			

## **Other Comments:**