



Volunteer Registration Form

This form is practical in purpose and is simply used to gather the information required to coordinate and schedule all of our volunteers.

Please enter the following information:

Last Name: _____ **First Name:**

Primary Phone Number:

Email:

Address:

City, State and Zip Code:

Would you like to receive our monthly newsletter?

Yes No Ask me again later.

Please select the days of the week you are available.

Weekends: Saturday Sunday

Weekdays: Monday Tuesday Wednesday Thursday Friday

Please select the time of day you prefer to work.

Mornings Afternoons Evenings Any

Please any comments or notes in regards to your availability.



How did you hear about our organization?

- Social Media Newspaper Online Search Family, Friend or Coworker
 Other:
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What causes or programs are you most interested in?

- Adult Education Youth Education Environment Health & Wellness Hunger & Homelessness
 Senior Services Sports & Recreation Immigration Human Rights
 Religious Organizations Animals Arts & Culture Disaster Relief Social Enterprise
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Please list any skills that you possess or possess knowledge or ability of, licensure, or qualifications that you think would be helpful to our organization. This is only to help best match you with a position that best suits your skills and in no way limits you from volunteering.

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| <input type="checkbox"/> Social Media | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Proof Reading |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Sales | <input type="checkbox"/> Website Design | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Website Management | <input type="checkbox"/> Cooking | <input type="checkbox"/> Microsoft Office | <input type="checkbox"/> Healing |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Sponsorships | <input type="checkbox"/> Silent Auction |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Disaster Relief | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Marketing | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> Board Member | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Videography |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Art / Design | <input type="checkbox"/> Cultural Sensitivity | <input type="checkbox"/> Legal |
| Services | | | |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Food Services | <input type="checkbox"/> Music / Entertainment | <input type="checkbox"/> Research |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Construction | <input type="checkbox"/> Training / Skill Development | |
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Are there any gaps in community services that you believe our organization can work to address? If so, please explain.



Is there anything we can do to improve your registration experience?

Thank you for your interest in volunteering!

Member Name	Member Signature	Date
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