Volunteer Information Form DATE: YOUR CONTACT INFORMATION **Last Name:** First Name: Address: City/State: Zipcode: Phone: **Email: YOUR AVAILABILITY (CIRCLE WHAT TIMES WORK BEST FOR YOU) Wednesday Monday Tuesday Thursday Friday** 9:00 am 9:00 am 9:00 am 9:00 am 9:00 am 10:00 am 10:00 am 10:00 am 10:00 am 10:00 am 11:00 am 11:00 am 11:00 am 11:00 am 11:00 am 12:00 pm 12:00 pm 12:00 pm 12:00 pm 12:00 pm 1:00 pm 1:00 pm 1:00 pm 1:00 pm 1:00 pm 2:00 pm 2:00 pm 2:00 pm 2:00 pm 2:00 pm 3:00 pm 3:00 pm 3:00 pm 3:00 pm 3:00 pm **VOLUNTEER OPPORTUNITIES EMERGENCY CONTACT** (CHECK WHICH YOU WOULD BE WILLING TO DO) Cleaning Name:_____ Sorting Phone: **Outside Work BIRTHDAY** (ex. weeding, planting, etc.) Month/Date : STAFF USE ONLY