

Vaughn-Trent Community Services, Inc.
VOLUNTEER INFORMATION FORM

Last Name _____ First Name _____

Street address _____ Apt.# _____

City _____ State _____ Zip _____

Primary phone (____) _____ Other phone (____) _____

Date of birth ____/____/____ (Month, Day, Year)

Physical Limitations (Be specific. If none, write "none") _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____ Relationship _____ Phone _____

PLEASE INDICATE YOUR AREAS OF INTEREST

_____ Clerical (telephone, reception, filing, etc.)

_____ Technical (computer, phone, software, etc.)

_____ Pantry (stocking shelves, preparing sacks for clients, etc.)

_____ Cleaning (sweeping/vacuuming floors, bathroom, wiping surfaces, etc.)

_____ Recycling (breaking down boxes, organizing sacks, etc.)

_____ Personal (greeting, processing, and assisting clients)

_____ Pickup / Delivery (from vendors/donors and/or to clients' homes)

_____ Other skill sets/interests: _____

Vaughn-Trent Community Services, Inc.
VOLUNTEER DRIVER INFORMATION

DRIVING INFORMATION (if you will be driving for V-T to pick up food, deliver to clients, etc.)

A valid driver's license and proof of insurance is required.
Please submit copies to our office,
or bring the documents in person so that we may make a copy.

Insurance carrier _____

Phone # (____) _____ Policy # _____

Driver's License # _____ State of Issue _____

Exp. Date ____/____/____ (Month, Day, Year)

Signature _____ Date _____

Vaughn-Trent Community Services, Inc.
PARENTAL CONSENT FOR UNDER-18 VOLUNTEERS

I give my consent for (name of under-18 volunteer)

Last Name _____ First Name _____

to provide volunteer services to Vaughn-Trent.

I also give Vaughn-Trent my consent to obtain any emergency medical treatment necessary for the safety of my child.

Printed name of Parent/Legal Guardian _____

Primary phone (____) _____ Other phone (____) _____

Signature of Parent/Legal Guardian _____

Date ____/____/____ (Month, Day, Year)