

Sedona Community Center



VOLUNTEER FORM

Date: _____

Last Name: _____ First Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone: C: _____ H: _____

Email: _____

Please indicate the days & times you are available for volunteer assignments:

Mon- time available:	Thurs - time available:
Tues - time available:	Fri - time available:
Wed - time available:	Sat / Sun (Special Events)
Full or Part-time resident?	
Please specify time here if Part-time-	

Areas you are interested in volunteering (Please check appropriate boxes)

Board Member ask us for a qualifying package	Special Events/Activities	Dining Room Server
MOW Deliveries ask us for a qualifying package		Dining Room Greeter

Please summarize any special skills you have acquired from employment and/or previous volunteer work:

Emergency Contact: _____ Phone: _____

Relationship: _____

How did you hear about us? _____