

## VOLUNTEER INFORMATION SHEET

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Time available to volunteer:

Days: \_\_\_\_\_

Hours: \_\_\_\_\_

Interests: \_\_\_\_\_

\_\_\_\_\_

Skills: \_\_\_\_\_

\_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

Type of volunteer experience you are seeking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the benefits or "return value" that you wish to receive from this volunteer experience.

General benefits: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal benefits: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Career benefits: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Level of responsibility desired: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Skills you would like to acquire: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_