

HOBBIES:

AVAILABILITY AND AREAS OF SERVICE:

| | | | |
|---|------------------------------------|------------------------------------|------------------------------------|
| <u>CHECK ONE</u> | <u>CHECK ONE</u> | <u>CHECK ONE</u> | <u>CHECK ONE</u> |
| <input type="checkbox"/> Once a week | <input type="checkbox"/> Morning | <input type="checkbox"/> Monday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Several times per week | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Evening | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sat / Sun |

Do you have any physical limitations we should know about? Yes No
If yes, please explain how we can help you _____

Current high school/college information (if applicable): _____

Anticipated length of volunteer services: _____

Is volunteer work a requirement for school credit? Yes No If yes, how many hours? _____

HOW DID YOU HEAR ABOUT THE VOLUNTEER PROGRAM?

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOU?

SIGNATURE: _____

DATE: _____

START DATE: _____ DEPT. ASSIGNMENT: _____