

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: _____