

# Basic Volunteer Registration Form

Please fill out this form in block letters. Print clearly.

## 1. Personal Information

Full Name:

Date of Birth (MM/DD/YYYY):

Phone Number:

Email Address:

## 2. Address

Street Address:

City:

State / Province:

Postal / ZIP Code:

## 3. Emergency Contact Information

Emergency Contact Name:

Relationship to Volunteer:

Emergency Contact Phone:

## 4. Skills & Availability

Areas of Interest / Skills:

Available Days and Times:

## 5. Authorization & Signature

I hereby certify that the information provided above is true and accurate to the best of my knowledge.

Volunteer Signature:

Date (MM/DD/YYYY):