

Volunteer Registration and Enrollment Form

Please complete all sections of this form to register as a volunteer. This document is formatted for printing and physical completion.

1. Personal Information

Full Name:

Date of Birth (MM/DD/YYYY):

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

2. Emergency Contact Information

Contact Name:

Relationship:

Contact Phone Number:

3. Skills, Interests, and Availability

Areas of Interest / Preferred Volunteer Roles:

Special Skills, Languages, or Certifications:

Availability (Days of Week and Hours):

Previous Volunteer Experience (If any):

4. Agreement and Signature

By signing below, I certify that the information provided on this form is true and accurate to the best of my knowledge.

Volunteer Signature: Date:

Parent/Guardian Signature (If under 18): Date: