

Volunteer Contact Information Sheet

Please complete this form in print. The information provided will be used to contact you regarding volunteer opportunities and in case of an emergency.

Personal Information

First Name:

Last Name:

Street Address:

City:

State / Province:

Postal / Zip Code:

Primary Phone Number:

Alternate Phone Number:

Email Address:

Emergency Contact Information

Emergency Contact Full Name:

Relationship to Volunteer:

Emergency Contact Phone Number:

Volunteer Interests & Availability

Preferred Volunteer Roles / Areas of Interest:

Available Days of the Week:

Available Hours (e.g., Mornings, Afternoons, 9am-5pm):

Available Start Date: