

Volunteer Information Form

Name: _____

Phone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Church/Organization: _____

Demographics (Optional, but Useful)

Denomination: _____ Ethnicity: _____

Age Range: 18-25 26-35 36-50 51-65 65 and Older

Specialty (Circle One): English and Grammar Math Science College Prep

Business/Entrepreneur Health Music Art Black History

Life Skills Community Service Other: _____

Please indicate which days you are able to volunteer with us:

Tuesdays ONLY Tuesdays and Wednesdays Wednesdays ONLY

If you can only volunteer on certain Tuesdays and/or Wednesdays please write that here:

If you are volunteering and need documentation of your time here, please fill in the information below:

Name of Person Documents need to go to: _____

Person's Title and Organization: _____

Email: _____ Phone: _____

Emergency Contact Information

Emergency Contact Name: _____

Phone: _____ Relationship: _____

Allergies? _____

Are there any Medical conditions we need to know about? _____

Thank you for volunteering with us, we look forward to working with you this school year. If you have any questions or concerns about the program or your volunteer responsibilities please let

the Kids Club Coordinator know. Thanks and God Bless! 😊