

NETWORK of Community Ministries

Volunteer Interest Form

Name: _____ Date: _____

Birth date (month/date/year): _____

Address: _____ City & Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Church / Organization: _____

Emergency Contact: _____ Phone: _____

AVAILABILITY:

	Monday	Tuesday	Wednesday	Thursday	Friday
9-12					
12-3					
3-6					

PLEASE CIRCLE INTERESTS:

Adolescent Clinic: Front Office Dr. / RN Dentist / Hygienist

Client Services: Interviewer Food Room Receptionist

Clothes Closet

Seniors' Net: Handyman Call Center Loaves of Love

Sr. Holiday Baskets

Special Events: Network Gala Wildflower Festival Golf Tournament School

Supplies Summer Lunches Santa's Helper

Christmas Parade

Special Needs: Data Entry Food Pick up General Clerical

Other: _____

BACKGROUND INFORMATION:

Physical Disabilities / Issues: _____

Spouse: _____ Children: _____

Education: _____

Clubs/Hobbies: _____

Work Experience: _____

Other volunteer organizations served: _____

Foreign Languages Spoken: _____

How did you hear about NETWORK? _____

Why do you want to volunteer at NETWORK? _____

Interviewed by: _____ Date: _____

Report To: _____ Assignment: _____

RSVP: _____ Addt'l Info: _____