



Contacted by _____
Date _____
Scheduled? Yes No
Comments:

Volunteer Enrollment Form

Name: _____ Today's Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (day) _____ (evening) _____
E-mail: _____ Date of Birth: _____

Emergency Contacts:

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Tuberculosis Clearance:

Can provide proof you are free from Tuberculosis within last 2 years?
 Yes
 No
Cleared through _____

I. Skills and Interests

Current occupation: _____ Employer: _____
Education background: _____
Hobbies, skills, interests: _____
Previous volunteer experience: _____

II. Preferences in Volunteering

Is there a particular type of volunteer work in which you are interested? (Please check all that apply.)

- Working one-on-one with a single client
- Working directly with a staff person as an assistant
- Helping around the office in general administrative duties
- Doing research, training or an individual project
- Other: _____
- No preference
- Providing service to several clients
- Doing public speaking, fundraising, etc.
- Working occasionally on group projects

Is there a person or group with whom you are particularly interested in working? (Check all that apply.)

- No preference
- Adults
- Seniors
- Teens
- Children
- People with disabilities
- Agency Staff
- Other: _____

Are there any groups with which you would not feel comfortable working?

No Yes: _____

III. Availability

At what times are you interested in volunteering?

Am flexible Prefer weekdays Prefer evenings
 Prefer weekends Prefer days Other: _____

What type of commitment are you able to make at this time?

Ongoing – weekly One time/special event position
 Ongoing – monthly Other: _____

Do you have a geographic preference as to where you do volunteer work?

No Yes: _____

Do you have reliable transportation?

Yes No

For Groups only:

Group Name: _____

Number of People: _____

Is there anyone under the age of 18 in your group?

No
 Yes (Please specify ages) Please use an additional sheet to supply names and ages of all those volunteering.

IV. Background Verification

Have you ever been convicted of a criminal offense?

Yes No

Have you ever been charged with neglect, abuse or assault?

Yes No

Has your driver's license ever been suspended or revoked in any state?

Yes No

Do you use illegal drugs?

Yes No

Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work?

Yes No

How did you hear about us?

- Referred by friend/volunteer
- From school/employer
- Saw advertisement
- From client of EHC
- Via media – source: _____
- Via internet – source: _____
- Other: _____

Volunteered at EHC before (if so, when? _____)

Why are you interested in volunteering at this time?
