



Volunteer Information Form

Please complete this form legibly and completely. All information provided is strictly confidential.

Title (circle one): Mr. Mrs. Ms. Dr. Rev. Other _____

Full Name: _____

City: _____ State _____ ZIP Code _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Date of Birth: _____ Spouse Name: _____

Are you volunteering as part of a group or as an individual? Group Individual

Name of Group, Church, Business, School or Organization volunteering with:

Are you performing court-mandated Community Service: Y N

Areas of Interest: (circle all that apply)

Construction Office Warehouse Special Events

Committees Public Relations Other: _____

*This information will allow us to inform you of volunteer opportunities that meet your interests and is not required.

From what you have circled, please elaborate in particular skill sets you may have: (e.g. landscaping, answering phones, recruiting, etc.)

If you would like to become a regular volunteer, please complete the following information.

Indicate your preferred days and shift:

Sunday	Monday	Wednesday	Wednesday	Thursday	Friday	Saturday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

Are you bilingual? Y N Which languages are you fluent in?

In case of an emergency, please contact:

Full Name: _____ Relation: _____

Phone(s): _____

The following information is not required but may be provided to a hospital or medical practitioner not having access to the Volunteer's medical history in case of an emergency:

Allergies: _____

Medications: _____

Physical Impairments: _____

Date of Last Tetanus Shot: _____ Other: _____

Personal Physician: _____ Phone: _____

Health Insurance Coverage

Company Name: _____

Policy Number: _____

Please complete and bring to your volunteer activity or submit to our office at:
4703 Warehouse Lane - Laredo, TX 78041