

VOLUNTEER INTAKE FORM

Initial Contact Date: _____ Interview Date: _____ Interviewer: _____

Name: _____

Address: _____

Phone number: _____

Business/school address: _____

Congregational/agency affiliation: _____

Gender: M F Birthdate: _____

Emergency contact: _____

Relationship: _____

Address: _____

Phone: _____

Ethnicity: _____

Volunteer time available: circle

Mornings: M T W TH F

Afternoons: M T W TH F

Nights: M T W TH F

Weekends: Yes _____ No

Languages spoken: _____

Setting preference: _____

Driver's License: yes no

Own a Car? yes no

Length of commitment:

Willing to do "spot jobs"? yes no

Emergency contact: _____

Relationship: _____

Address: _____

Phone: _____

Life experience (paid/volunteer/other): _____

Skills, interests, hobbies: _____

Limitations and accommodations requested: _____

How you learned about the COA: _____

Reason(s) for wanting to volunteer: _____

Comments: _____

senior: Volunteer Intake

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