

PARKER VOLUNTEERISM

Name _____ Date _____
Last First Middle

Date of Birth _____ Resident Yes No Seasonal Visitor Yes No
not required (circle) (circle)

Permanent Address _____
Street Apt. # City State Zip

Temporary Address _____
Street Apt. # City State Zip

Permanent Phone # () _____ Temp. Phone # () _____

Cell # () _____

Occupation _____

If retired, Occupation prior _____

Skills _____

Hobbies _____

Are you willing to learn a new skill? Yes No If yes, your preference _____
(circle)

Do you like working with People? Yes No Do you prefer to work alone Yes No
(circle) (circle)

List any limitations that you feel you may have _____
lifting, extended standing etc.

Do you have a preference of what type of volunteer work you wish to do? _____

Do you have limitations on the days, or hours you work? _____

Do you have transportation? _____

How long are you planning to be in the area and available to volunteer? _____