

Senior Volunteer Information: Short Form

Senior Volunteer Information Form

Please take a moment to complete the following questions so that we can schedule the most appropriate assignment match for you.

Name: _____

Address: _____

Phone: _____

E-mail: _____

Please circle the day(s) of the week you are available to volunteer:

Monday Tuesday Wednesday Thursday Friday

At what time(s) can you volunteer? For example, 9:00 a.m. to 11:00 a.m.

How often would you like to volunteer?

Twice/Week or more Once/Week Every other week Once/Month or less

What age-group would you prefer to work with?

Babies Toddlers Preschool School Age

What activities are you interested in doing with the children?

Are there any activities in which you are unable to participate? If so, please describe.

