

VOLUNTEER INFORMATION FORM

Instructions: Please **PRINT** or **TYPE**.

Return completed form to:

VOLUNTEER ACTION CENTER
United Way of Wyoming Valley

8 West Market Street, Suite 450
Wilkes-Barre, PA 18711-1011
Phone: (570) 829-6711
Fax: (570) 822-0522

Last Name: _____ Middle Initial: _____ First Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: (Day): _____ (Evening): _____

Occupation: _____ Employer: _____

Education: _____ High School: _____ College: _____
Technical/Vocational: _____

Do you have any physical limitations? ____yes ____no

If yes, please indicate: _____

Do you have any medical limitations? ____ yes ____ no

If yes, please indicate: _____

Do you have transportation? ____ Do you have access to a bus line? ____

How would you prefer to be involved as a volunteer?

- (1) any way I can help (2) committee work (3) clerical work
(4) project coordination (5) direct work with clients

Which would you prefer to work with

- (a) any age group (b) infants/toddlers (c) young children
(d) young adults (e) adults (f) senior citizens

When are you available for volunteer work?

Morning Afternoon Evening Weekday Weekend

Do you prefer:

- (1) Long-term assignments (2) Short-term assignments
(3) One-time special events

Note: The information you have given us on this form will be kept in the Volunteer Action Center file database. This information will be made available only to nonprofit agencies/organizations.

I understand that by registering with the Volunteer Action Center I am under no obligation to accept any placement unless I freely choose to do so. I also understand that my name will be given to the agencies/organizations to which I have been referred to facilitate contact with me.

SIGNATURE:

DATE: