

COMMUNITY GROUP AFFILIATIONS (clubs, councils, committees, church, etc.):

DAYS PREFERRED TO VOLUNTEER (check days available): SUN MON TUES WED THR FRI SAT

HOURS PREFERRED: _____

WOULD YOU CONSIDER VOLUNTEERING FOR SPECIAL EVENTS? YES NO

DO YOU SPEAK ANY FOREIGN LANGUAGES (if so, what language): _____

DO YOU HAVE ANY PHYSICAL HANDICAPS OR LIMITATIONS?:

SIGNATURE: _____ DATE: _____

.....

ACTIVITIES DIRECTOR COMMENTS:

SIGNATURE: _____