



# Volunteer Information Form

Confidential

## Volunteer Contact Information

<b>Name</b>		
<b>Address</b>		
<b>Phone Number</b>	<b>(Home)</b>	<b>(Cell)</b>
	<b>(Work)</b>	
<b>Email Address</b>	<b>(Primary)</b>	
	<b>(Secondary)</b>	

Please indicate which volunteer jobs most interest you (check the boxes)

### Program/Class Specific Tasks

<input type="checkbox"/>	Weekly Program Volunteer (greeting children, taking attendance etc.)
<input type="checkbox"/>	Transportation of Students to and from Project Grace

### Administrative/Organizational Support

<input type="checkbox"/>	Accounting/ Financial Planning	<input type="checkbox"/>	Grant Writing
<input type="checkbox"/>	Book Keeping	<input type="checkbox"/>	Legal Services
<input type="checkbox"/>	Business advisor	<input type="checkbox"/>	Newsletter
<input type="checkbox"/>	Computer/database programming	<input type="checkbox"/>	Research / program evaluation
<input type="checkbox"/>	Data Entry / word processing	<input type="checkbox"/>	Volunteer recruitment/ coordination
<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Website Development

### Music/Performance

<input type="checkbox"/>	Performer/Musician for fundraising events	<input type="checkbox"/>	Publicity
<input type="checkbox"/>	Concert program design	<input type="checkbox"/>	Usher Ticket/Taker
<input type="checkbox"/>	Piano tuning	<input type="checkbox"/>	Backstage Coordination
<input type="checkbox"/>	Instrument Maintenance (please specify:)	<input type="checkbox"/>	Instrument Management
<input type="checkbox"/>	Music Librarian	<input type="checkbox"/>	

**Communications/Marketing**

	Desktop Publishing		Interpretation/Translation (please name Languages: )
	Photography		Video Production
	Writing / Editing		Graphic Design

**Special Event Support**

	Event coordination		Party host/hostess
	Refreshment coordination		Set up / Clean up
	Transportation		Field Trip Chaperone

**Please indicate your volunteering availabilities:**

I am available to volunteer (fill in the blank and circle)

For _____ hours every	Week	Month
-----------------------	------	-------

Please specify the days/ times you are available (Ex. Tuesdays, 4-6pm)

Day	Morning	Afternoon	Evening
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Check if Applicable:	Please contact me on occasional needs basis only		

**Have you completed a Police Records Check?**

	Yes		No
If Yes, please indicate date of Completion:			
Please provide a copy of your Police Record Check			

**It would be very useful to us if you would fill out the following information:**

Tell us about yourself and what drew you to Project Grace?
What would you like to get from your volunteer experience?
What special skill would you like to utilize as a volunteer?
What experiences have you had in working with children?
Are there any tasks you do NOT want to participate in as a volunteer?
Do you have any questions or concerns about being a volunteer?