

Charity's Closet High School Community Service Volunteer Enrollment Form

Please Print

NAME: _____ DATE: _____

ADDRESS: _____

(Street)

CITY: _____ ZIP CODE: _____ E-MAIL: _____

PHONE #: _____

(home)

(work)

(cell)

EMERGENCY CONTACT

NAME: _____ Relationship: _____

PHONE #'s: _____

(home)

(work)

(cell)

SCHOOL ATTENDING: _____ GRADE _____

NUMBER OF HOURS YOU NEED _____

AVAILABILITY: (MARK YOUR CHOICES 1., 2., or 3., etc.)

1. At what times are you interested in volunteering?

(Shop hours are Monday – Saturday; 10 a.m. – 4 p.m., and Sunday; 12 noon - 4 p.m.)

___ All day

___ ½ Day AM

___ ½ Day PM

(9:30 a.m-1 p.m.)

(12:30-4:30 p.m.)

___ once a week

___ 2 times a month

___ once a month

Which week(s) of the month are best for you? _____

Day(s) available; (MARK YOUR CHOICES 1, 2, 3, etc.)

Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___ Sun. ___ Mon. ___

Can you work one Saturday a month? ___ Yes ___ No

2. When are you available to begin volunteering? _____

3. Do you have any physical limitations, or are you under any course of treatment that might limit your ability to perform certain types of work? If yes, please explain and let us know how we can better accommodate you.

___ NO ___ YES _____