



CONTACT INFORMATION

Name: _____ Today's Date: _____
First Last
Address: _____
Street City State Zip
Home Phone (day/eve): _____ Cell/Pager: _____
Email: _____ Do you check your email regularly? Yes No

CURRENT EMPLOYMENT/SCHOOL

Employer or School: _____
Your Title & Department / Field of Study: _____
Address: _____
Street City State Zip
Supervisor: _____ Phone: _____

Does your employer have (check all that apply):
[] Program for Volunteering [] Donation Matching Program [] Preference to organizations where you volunteer
Education: (circle highest grade completed) 6 7 8 9 10 11 12 13 14 15 16+
Degrees(s) held: _____

VOLUNTEER EXPERIENCE

Name of Organization Position Held
Name of Organization Position Held
Is your volunteer service: [] personal interest [] school related [] court ordered [] other _____

EMERGENCY CONTACT INFORMATION

Emergency Contacts:
Name and Relationship Day Phone Evening Phone
Name and Relationship Day Phone Evening Phone

YOUR INTEREST AT MORRISON CHILD & FAMILY SERVICES

How did you hear about Morrison Child & Family Services? _____

I prefer to help: Weekdays Evenings Nights Saturdays Sundays - Specific hours (if any): _____

I know that the clients and programs of Morrison Child & Family Center count on me. I will commit to a:

3-6 Month 6 Month 1 Year more than 1 Year

I prefer to work (check as many that apply): directly with clients/families as a driver
 with the Development team IT maintenance no preference

Skills you would like to use while volunteering: _____

Do you speak any other languages? If so, which? _____

Please describe any limitations you would like us to be aware of: _____

Anything else you would like us to know: _____

CRIMINAL HISTORY

Have you been convicted of a felony in the last 10 years? Yes No

If yes, please explain. Please do not include information on convictions which have been expunged. Answering "Yes" will not necessarily disqualify you from volunteer service. _____

DEMOGRAPHIC INFORMATION

Demographic information helps Morrison Child & Family Services to achieve diversity and to ensure that our volunteer recruitment efforts are meeting targeted parameters. The information is optional and will be used for evaluation and reporting purposes only. The information is confidential, and will not be used to identify and individual nor report any person's personal information outside of Morrison Child & Family Services.

Date of Birth/ Age: _____ Gender: Female Male

Ethnicity (please select one):

Pacific Islander African American Asian Caucasian Latino Native American other

RELEASE STATEMENT

I hereby acknowledge that everything I have disclosed on this document is true to the best of my knowledge. I am 18 years of age or older. I understand that I will be working with Morrison Child & Family Services personnel as a volunteer and do not hold the organization or any member of the staff responsible for accident or injury.

Signature: _____ Date: _____