



Volunteer Form

Name: _____ Address: _____

Date of Birth: _____ City/State/Zip Code: _____

Phone #: _____ Social Security # _____

Spoken Languages: _____ Email: _____

Previous Volunteer/Work Experience:

General Information/Hobbies/Interest

Education History:

High School: _____ From: _____ To: _____

Did you graduate: Yes No Diploma: _____

College: _____ From: _____ To: _____

Did you graduate: Yes No Degree _____

Do you need any accommodations? Yes No

Continuation of Volunteer Form

Availability (check all that apply):

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Mornings (Mon.-Fri.) | <input type="checkbox"/> Weekends | <input type="checkbox"/> One Time Only |
| <input type="checkbox"/> Afternoons (Mon.-Fri.) | <input type="checkbox"/> Once a Week | <input type="checkbox"/> As Needed |
| <input type="checkbox"/> Evenings (Mon.-Fri.) | <input type="checkbox"/> Monthly | <input type="checkbox"/> Other |

I hereby agree to become a volunteer member of the Girls Inc. of Meriden Staff and agree to a criminal background check through the local police department.

Signature: _____

Date: _____