

PERSONAL INFORMATION:

Name _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Driver's License Number _____ Expiration Date _____

Car Insurance Company _____ Policy Number _____

Please attach copies of driver's license and insurance declaration page.

Do you have any physical or medical issues we should know about and accommodate?

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Name _____ Relationship _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

POSITIONS:

Check the volunteer positions you are interested in:

- | | | |
|---|---|---|
| <input type="checkbox"/> Mentor/cooking coach | <input type="checkbox"/> Mentor/cleaning coach | <input type="checkbox"/> Life skills coach |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Ewaste pickup | <input type="checkbox"/> Handyman |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Webmaster | <input type="checkbox"/> Computer maintenance |
| <input type="checkbox"/> Board member | <input type="checkbox"/> Antique Evaluation Day | |
| <input type="checkbox"/> Other: | _____ | |

AVAILABILITY:

Days and hours you are available:

NOTES:

Please mail this form to the address above or email to:
deborah.coughlin@gmail.com