



# Volunteer Information Form

## Contact Information

Name	
Street Address	
City State Zip Code	
Phone	
E-Mail Address	
Church Membership	

## Availability

<input type="checkbox"/> Weekday mornings	Days: M T W TH F	Frequency: Weekly Monthly Other
<input type="checkbox"/> Weekday afternoons	Days: M T W TH F	Frequency: Weekly Monthly Other
<input type="checkbox"/> Work from home	Frequency: _____ hour(s) per day week month	

## Interests

Which areas you are interested in volunteering?

<input type="checkbox"/> Administration	Skills/Interests:
<input type="checkbox"/> Events	Skills/Interests:
<input type="checkbox"/> Meals	
<input type="checkbox"/> Mentoring/Teaching	Subjects and/or Grades:
<input type="checkbox"/> Cleaning/Maintenance	Skills:
<input type="checkbox"/> Social Media	

## References

Name	Phone Number

## Person to Notify in Case of Emergency

Name	
Cell Phone	

## Agreement and Signature

By submitting this form, I affirm that the facts stated above are true and complete. I also understand that I must complete the Criminal History Record Information Consent/Inquiry form for Pickens County Sheriff's Office.

Name (printed)	
Signature	
Date	