



Volunteer Information Form

Our organization is all about service. For our projects, we ask you fill out this form so we can have some further information and activities on you, on record.

NAME _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

PHONE _____ EMAIL ADDRESS: _____

OCCUPATION (PAST OCCUPATION IF RETIRED) _____

EMERGENCY CONTACT (WITH PHONE #): _____

STENGTHS AND SKILLSETS _____

PAST VOLUNTEER EXPERIENCE _____

ANY PHYSICAL LIMITATIONS OR OTHER CHALLENGES WE NEED TO KNOW ABOUT _____

DO YOU HAVE A DRIVER'S LICENSE? _____ DO YOU HAVE CAR INSURANCE? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF ANSWER IS YES, PLEASE SHARE DETAILS: _____

By signing below, I certify that the foregoing information is true, correct and complete to the best of my knowledge. I understand that misrepresentations or omissions may be cause for my termination as a volunteer. I understand that I will be volunteering at my own risk and that Civitan International, its employees and affiliates, do not assume any responsibility or any liability for any accident, injury or health problem I experience arising from any volunteer work I perform Civitan International. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any compensation, monetary payment or reward.

Signature _____ Date: _____