TROPICANA COMMUNITY SERVICES

COMMUNITY RELATIONS & RESOURCE DEVELOPMENT DEPARTMENT

Volunteer Intake Form

Date (mm/dd/yy): _____

_____ (Last Name) _____ (First Name)

Street Address: _____ **Apt./Unit Number:** _____

City/Town: _____ **Postal Code:** _____

Home Phone: _____ **Business/Cell Phone:** _____

Fax: _____ **E-mail:** _____

Volunteer activities include, but are not limited to (check areas of interest)

- ☐ Office Administration
- ☐ Designing Fundraising Materials
- ☐ Planning Special Events
- ☐ Co-ordinating Speakers' Bureau
- ☐ Recreational Programs
- ☐ Community Outreach
- ☐ Writing Fundraising Proposals
- ☐ Joining on a committee
- ☐ Assisting with Annual Toy & Food Drive
- ☐ Contacting Media

Skills / Qualifications / Experience / Training / Vocational Interests (Please attach resume)

Availability:

Time of Day: ☐ Mornings ☐ Afternoons ☐ Evenings

Day of Week: ☐ Mon. ☐ Tue. ☐ Wed. ☐ Thu. ☐ Fri. ☐ Sat. ☐ Sun.

Time of Year _____ Length of Volunteer Commitment _____

_____ Volunteer _____ Superviser

FOR OFFICE USE ONLY:

Placement/Volunteer:

- ☐ Accepted
- ☐ No Openings; Placed on File
- ☐ To Be Followed Up

Placement Begins: _____

Program: _____

Start Date: _____ End Date: _____