



VOLUNTEER REGISTRATION FORM:

(For Volunteers 18 years of age or older)

DATE _____

Name: _____
 Last First Middle/Maiden

Gender: Male or Female
(Please Circle)

Address: _____
 Street City State Zip

Home Phone: _____ Cell: _____

Email Address: *(Please print clearly)* _____

Birthday: *(mm/dd/year)* _____

Social Security Number _____

Drivers License State and Number _____
(All volunteers working with any "protected class" must have a background check prior to beginning service, SSN and drivers license are required to complete the check)

Where are you employed: _____

What other organizations or churches do you volunteer for: _____

Best day(s) of the week for you to volunteer:
 ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday ___Saturday ___Sunday

Best time for you to volunteer:
 ___Anytime ___Morning 9-1 ___Afternoon 1-5 ___Evening 5:30 -8:30 p.m.

What types of volunteer work would you be interested in? Please check all that apply.

- | | |
|---|---|
| ___ Mentoring | ___ Sheetrock, wall board repair or replacement |
| Adult to adult and / or Adult to family | ___ Painting, interior or exterior |
| Same gender or doesn't matter. | ___ Flooring |
| <i>(Please circle choice)</i> | ___ Assist moving various types of furniture |
| ___ Home Repair, all minor or specifically, | |
| ___ Plumbing | ___ Office Assistance, all general or |
| ___ Electrical | ___ Typing |
| ___ Landscaping | ___ Answering phones |
| ___ A/C maintenance &/or repair | ___ Copy, scan, fax |
| ___ Woodworking | |

Revised 1/3/2013

For COH, Inc. use only.	Date received _____	Received By _____
	Date contacted _____	Contacted By _____