

Volunteer Record

Name _____
Last First Middle

Address _____
Street City State Zip

Phone (day) _____ (eve) _____ (pager) _____ (email) _____

Are you currently (check those that apply)

employed if so, where _____

job description _____

work experience _____

student if so, where _____ Birthday _____

homemaker

unemployed

retired

other please specify _____

In case of emergency, please notify

Name _____
Last First Middle

Address _____
Street City State Zip

Phone (day) _____ (eve) _____ (pager) _____ (email) _____

List any volunteer experience _____

Have you volunteered at AWF in the past? yes no

Why do you want to volunteer at AWF? _____

Thank you for your interest in volunteering for AWF.

Complete and send in this form to the address below.

You will be called or emailed to schedule an interview/orientation appointment.

At that time you will be asked to read our Policies and Procedures manual.

You will also be asked to complete our standard consent form for which you will need health insurance and, if driving on our behalf, auto insurance information.

Please bring it with you to your appointment.

AWF, P.O. Box 1246, Molalla, OR 97038