

# New Participant, Client, Volunteer Registration

Name \_\_\_\_\_  Mr.  Mrs.  Miss  Ms.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Birthdate \_\_\_\_\_

**EMERGENCY CONTACTS (please provide 2 if possible)**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

How would you like to receive newsletters and program schedules?  Mail  Email  Both

**Please indicate your role (check all that apply):**

- Volunteer
- Participant in lifelong learning and/or exercise classes
- Individual receiving support services

**What is your gender?**

- Male
- Female
- Transgender
- Non-binary
- Prefer to self-describe (specify)  
\_\_\_\_\_
- Prefer not to answer

<b><u>FOR OFFICE USE ONLY</u></b>	
<b>Group:</b>	
<input type="checkbox"/> Board	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Donor	<input type="checkbox"/> Volunteer – driver
<input type="checkbox"/> Participant	<input type="checkbox"/> Volunteer – handy helper
<input type="checkbox"/> Participant AIL	<input type="checkbox"/> Volunteer – office
<input type="checkbox"/> Partner – community	<input type="checkbox"/> Volunteer – shopper
<input type="checkbox"/> Partner – congregation	
<b>Register in class(es):</b>	

<b><u>FOR OFFICE USE ONLY</u></b>
<input type="checkbox"/> SCA Connect
<input type="checkbox"/> RideScheduler
<input type="checkbox"/> Constant Contact





# VOLUNTEER INFORMATION FORM

## VOLUNTEER INTERESTS (Please check all that apply)

### At Shepherd's Center

- Program Assistant
- Social Media
- Office Assistance
- Special Events
- Tech Tutor

### In the Community

- Transportation Service
- Handy Hands Light Home Repair
- Seasonal Yard Cleanup
- Phone Pal

## AVAILABILITY (Please check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							



## VOLUNTEER INFORMATION FORM

Please list previous volunteer experience.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please list any skills/abilities you would like to utilize as a volunteer.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

I understand that I am applying for a volunteer position and may not accept any payment for my services. I will not utilize my position for any personal financial gain. I agree not to discriminate on the basis of race, sex, creed or national origin. I will abide by all policies of the Shepherd's Center as explained to me, particularly related to confidentiality. The statements on this form are true, complete and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

02/2024