

VOLUNTEER STAFF MEMBER RECORD

SERVICE PERIOD: November 15th – March 31st

LEGAL NAME: _____

NICKNAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

BIRTHDATE: ___/___/___ DRIVER LICENSE #: _____ ST: _____

IN CASE OF EMERGENCY, PLEASE CALL:

NAME: _____ PHONE: _____

RELATIONSHIP _____

OTHER CONTACTS (OPTIONAL): _____

Are you bilingual? ___ Yes ___ No

If so, which language(s) do you know?

At what level? ___ Conversant ___ Fluent

Are you willing to assist in conversations during your work schedule should the need arise? ___ Yes ___ No

Admin Use Only

Application Completed: _____

Criminal background check: _____

CPR/First Aid: _____

Orientation Training Completed: _____