

*This form is intended as an example volunteer intake form. Organizations are encouraged to create their own intake forms unique to organization needs.*

## ORGANIZATION NAME VOLUNTEER INTAKE FORM

Thank you for your interest in volunteering for [ORGANIZATION NAME]. This form is used to collect information about volunteers and used for internal purposes only. The information you provide is confidential and will be treated accordingly.

### VOLUNTEER INFORMATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### EMERGENCY CONTACT

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### AVAILABILITY

List the days and times you are available to volunteer: \_\_\_\_\_

\_\_\_\_\_

### INTERESTS AND QUALIFICATIONS

Skills and qualifications: \_\_\_\_\_

Driver's License: ☐ Yes ☐ No

## ACKNOWLEDGEMENT

I recognize that the opportunity to participate in the [ORGANIZATION NAME] volunteer program may involve physical labor and may carry a risk of personal injury. I hereby agree to assume all risks which may be associated with my participation.

I hereby release, discharge, waive, and relinquish all claims, liabilities, and damages I may sustain from bodily injury, personal injury, or property damage, and hold harmless the [ORGANIZATION NAME], its officers, directors, employees and agents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_