

Junior Welfare League of Enid
Volunteer Information Form

Name: _____ Date: _____

Address: _____

Home Phone: _____ WorkPhone: _____

Email Address: _____

Emergency Contact: _____

Emergency Contact Number: _____

Occupation: _____

Professional Experience _____

Educational Background: _____

Special Skills or Abilities: _____

Interests or Hobbies: _____

By completing the following information, this will allow us to place you on Working Committees or Project Committees in which your interests and skills correspond.

Type of volunteer service you prefer doing _____

Indicate the time you are available:

Day of the week: _____

Hours Available: _____

Do you have a Van/SUV/Truck? (Circle one) Yes No

Any other considerations? _____

Do you like to deal with people? _____

Do you enjoy phone work? _____

Do you have sales experience? _____

Can you work on committees during the summer months?

(Circle One) Yes No

If so, what months are convenient for you to work this year?