

# CONNECT program

## Volunteer Info Sheet

Date \_\_\_\_\_

Volunteer's name \_\_\_\_\_

Home address \_\_\_\_\_

Email address \_\_\_\_\_

Phone number \_\_\_\_\_

Cell phone number \_\_\_\_\_ Is texting OK? \_\_\_\_\_

What are your interests or hobbies? \_\_\_\_\_

Do you have any special talents? \_\_\_\_\_

### **Emergency Contact Info:**

Name of contact \_\_\_\_\_

Relationship to you \_\_\_\_\_

Phone number \_\_\_\_\_

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Name of contact \_\_\_\_\_

Relationship to you \_\_\_\_\_

Phone number \_\_\_\_\_

**Any health concerns (allergies, physical limitations, medical conditions, etc.) that I should be aware of:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This information is considered confidential and will only be used by the CONNECT program.

Thank you,

Autumn Manning

CONNECT Director