

Volunteer Contact Sheet

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| --- |
| Date: .First Name: Last Name: D.O.B. .Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. City: Province: Postal Code: .  Home Phone: Work Phone: Cell: .Email: .  Health Card: .  Best Form of Contact? Phone Email Best time to contact you? Day Evening  |

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| --- |
| How did you learn about Chatham Hope Haven?* Media, Type .
* Friend, who .
* Faith Institution
* Website
* Facebook
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
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Volunteer Contact Sheet

**CHH OFFICE USE ONLY**

Signature:

Date:

**Emergency Contact Information:**

Name:

Relationship:

Phone:

**What days and times are you available to volunteer? Please list the specific hours under the days.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **AM** |  |  |  |  |  |  |  |
| **PM** |  |  |  |  |  |  |  |

How often are you able to volunteer?

* Monthly
* Weekly
* Occasionally

Please list any skills that you wish or would be willing to use as a volunteer: