

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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**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: