



**Volunteer Center of
Morgan County**

HANDS ON NETWORK

Summer Youth Program

811 2nd Avenue SE, Suite 1
Decatur, Alabama 35601
(256) 355-8628; Fax (256) 355-8726; www.vcomc.org

Last Name First Name Middle Male Female (Circle One)

Home Address City State Zip Home Phone Other/Cell Phone

Age Birth Date Email Address

School Name School Grade What school will you attend next year?
(as of September 1, 2017)

How did you hear about us? _____

Why do you want to volunteer? _____

Hobbies, skills, special awards, and club memberships: _____

Describe previous volunteer experiences: _____

Check the types of work you are interested in:

- | | | |
|---|--|---|
| <input type="checkbox"/> Activities with Children | <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Hospital/Health Care |
| <input type="checkbox"/> Elderly/Disabled | <input type="checkbox"/> Miscellaneous | <input type="checkbox"/> Other |

How many days a week would you like to volunteer? _____

Mother's Name	Home Phone	Cell Phone
Mother's Place of Employment	E-mail	Work Phone
Father's Name	Home Phone	Cell Phone
Father's Place of Employment	E-mail	Work Phone
Emergency Contact	Relationship	Phone

I HEREBY GIVE CONSENT FOR MY CHILD TO BE INTERVIEWED FOR REFERRAL TO A VOLUNTEER JOB ASSIGNMENT:

Signature of parent or guardian _____ Date _____

PLEASE LIST

1st Agency Choice
 2nd Agency Choice
 3rd Agency Choice

For office use only
Interviewer's Comments:

Interviewer's Initials _____ Date _____

Office Use Only

1) _____

2) _____

3) _____

