

VOLUNTEER INFORMATION

NEW UPDATED NO CHANGES

DATE: _____

NAME: _____

ADDRESS: _____

City: _____ State: WI ZIP CODE: _____

TELEPHONE: _____

E-MAIL: _____

DOB: _____

Preference of day you wish to volunteer. Please mark **FIRST** and **SECOND** choice.

Any Day: First Second

Monday: First Second

Tuesday: First Second

Wednesday: First Second

Thursday AM: First Second

Thursday PM: First Second

Any Other Requests:

Person to share **VOLUNTEER DAY** with: _____

Please remove me from **VOLUNTEER LIST**: yes no

I wish to be a substitute only: yes no

Dates or months not available _____

How many times a month able to volunteer: Once Twice

Which Week of the Month. 1st 2nd 3rd 4th 5th

Would you like Schedules received by: E-mail Pick Up