



VOLUNTEER INTAKE FORM

Disclaimer: Thank you for your interest in volunteering for **SAVE US NOW INC.** This form is used to collect information about new volunteers and is used for internal purposes only. The information you provide is confidential and will be treated accordingly.

VOLUNTEER INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Phone: _____

Date of Birth: _____

Spoken Language(s): English Other: _____

Current Volunteer Work: _____

Do you need to fulfill a specific requirement of volunteer hours?

- Student
- Court Mandate
- Other: _____

If yes, how many hours are you required to fulfill: _____

What is the **deadline**: _____

List and **physical** or **medical limitations**: _____

EMERGENCY CONTACT

Emergency Contact Name: _____

Relationship: _____

E-Mail: _____ Phone: _____

AVAILABILITY

List the days and times you are available to volunteer:

Would you like to be notified about one-time, short-term volunteer opportunities?

Yes

No

INTERESTS & QUALIFICATIONS

Kind of volunteer assignment desired:

Skills and qualifications:

Highest level of education: _____

Driver's License? Yes No

ACKNOWLEDGEMENT

I recognize that the opportunity to participate in the Save Us Now Inc. volunteer program may involve physical labor and may carry a risk of personal injury and I hereby agree to assume all risks which may be associated with my participation.

I hereby release, discharge, waive, and relinquish all claims, liabilities, and damages I may sustain from bodily injury, personal injury, or property damage and hold harmless Save Us Now Inc. its officers, directors, employees, and agents.

Volunteer Signature: _____ Date: _____

Print Name: _____