

**VOLUNTEER FORM**

NAME \_\_\_\_\_ Marital Status/Sex: \_\_\_\_\_

ADDRESS \_\_\_\_\_ Phone (h/c) \_\_\_\_\_

Birth Date \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

How did you learn of us \_\_\_\_\_

Employment (profession, occupation, firm) \_\_\_\_\_ Phone (w) \_\_\_\_\_

Availability/Skills & Experience/Languages \_\_\_\_\_

Emergency contact: \_\_\_\_\_

**Service Options:**

**My other options are:**

\_\_\_\_\_ Events Team

\_\_\_\_\_ Reading

\_\_\_\_\_ Office help

\_\_\_\_\_ Advertising

\_\_\_\_\_ Fundraising

\_\_\_\_\_ Pass flyers

\_\_\_\_\_ School contacts

\_\_\_\_\_ Senior center contacts

\_\_\_\_\_ Board Member

\_\_\_\_\_ As a business owner I would like to help out by

\_\_\_\_\_ Sponsoring a program

\_\_\_\_\_ Sponsoring an activity

\_\_\_\_\_ Allowing my employees to get involved

\_\_\_\_\_ As a civic organization, we would like to help out by

Other \_\_\_\_\_

**We need your financial assistance:**

Yes, I'd/we'd like to make a donation to help offset some of the costs for these programs/activities. I understand that my/our donation is 100% tax deductible. I've/we've enclosed a check, made payable to "Emmanuel Unique Outreach Partners in the amount of \$ \_\_\_\_\_

Additional \_\_\_\_\_

Comments: \_\_\_\_\_

**Disclaimer:** We welcome individuals of all backgrounds and abilities, all volunteers are carefully screened. All volunteers must be at least 14 years old, attend orientation, complete a volunteer application, receive specific training.

**Signature/Date:** \_\_\_\_\_

Return form to: Emmanuel Unique Outreach Partners  
Fax: 760-955-0007  
E-mail: info@euop.com