

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