



VOLUNTEER INTAKE FORM

Disclaimer: Thank you for your interest in volunteering at Tikonze Apapa. 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: _____

Home Address: _____

City: _____

State: _____

E-Mail: _____

Phone: _____

Date of Birth: _____

Current Volunteer Work: _____

EMERGENCY CONTACT

Emergency Contact Name: _____

Relationship: _____

E-Mail: _____

Phone: _____

AVAILABILITY

Days: ☐ Weekdays ☐ Weekends ☐ Flexible

Hours per Week: _____

INTERESTS, EXPERIENCE & QUALIFICATIONS

Have you volunteered before?

☐ Yes ☐ No

If yes, please describe: _____

Kind of volunteer assignment desired:

Skills and qualifications

Highest level of education: _____

REFERENCES

1. Reference Name: _____

Phone: _____

Relationship: _____

2. Reference Name: _____

Phone: _____

Relationship: _____

AGREEMENT

I acknowledge that the information provided is true and accurate. I consent to a background check if required.

Signature: _____ Date: _____