



RS	<input type="checkbox"/>
OC	<input type="checkbox"/>
NHCO VC	<input type="checkbox"/>

VOLUNTEER REGISTRATION FORM

GENERAL INFORMATION *(please print)*

Name (as it appears on your Drivers License)

Address _____

City _____ ZIP _____

Neighborhood _____

Email _____

Primary Phone Number _____

I have only lived in Allegheny County for the past 10 years

I have lived in 2-3 counties in the past 10 yrs

I have lived in 4+ counties in the past 10 yrs

In Service of Seniors may use my name and/or photo in publications, press releases or other publicity materials.

How did you hear about the program? *(Check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> United Way | <input type="checkbox"/> Television |
| <input type="checkbox"/> Bus Advertisement | <input type="checkbox"/> Billboard |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Magazine |
| <input type="checkbox"/> Agency Newsletter | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Website | <input type="checkbox"/> Family/ Friend |
| <input type="checkbox"/> At an event _____ | <input type="checkbox"/> Other _____ |

BACKGROUND INFORMATION

Current/Previous Employer _____

Position _____

- I am retired.
- I am a college student.
- I am completing Community Service hours
 - For school
 - For court

Please list community, congregations or other organizations to which you belong:

What language(s) other than English do you speak? _____

Are you a veteran? Yes No

DEMOGRAPHIC INFORMATION

Date of Birth: ____/____/____

Gender: Male Female Other

Ethnicity:

- Asian/Pacific Islander
- Black or African-American
- Hispanic/Latino(a)
- Middle Eastern
- Native American or American Indian
- White
- Other

EMERGENCY INFORMATION In case of emergency, please contact:

Name _____ Phone _____

Relationship _____ Additional Phone _____

How far are you willing to travel to volunteer? _____ (Miles) _____ (Minutes from Home)

I will volunteer anywhere I am needed

Signature _____ Date _____