

Volunteer Profile

DATE: ____ / ____ / ____

Volunteer Information												
Legal Name												
First			Middle						Last			
Preferred Name												
First			Middle						Last			
Gender Pronoun (Circle pronoun) He/Him She/Her They/Them Ze/Zir Other:												
Age				Date of Birth								
			M			M			D		D	
			Y			Y						
Current Address												
Street				City				State		Zip		
Email Address												
Home Phone						Cell Phone						
Emergency Contact												
Name												
First			Middle						Last			
Relationship to Volunteer												
Current Address												
Street				City				State		Zip		
Email Address												
Home Phone						Cell Phone						

Background Information

Are you coming to The Zebra Coalition as a member of a group/organization? Please specify.

List any special skills, training, or experience you may have.

Do you have any restrictions (medical, physical, etc) we should be aware of?

Please list any language you can communicate in, besides English.

Would you like to receive our newsletter? ___ Yes ___ No

Preferences

Please confirm your volunteer preferences:

Front Desk (clerical, filing & other office functions)

Residential Team (maintaining residential housing)

Special events (fundraising, community outreach, event tabling, etc.)

Activity & Support Assistance (assist facilitators with client support, therapeutic and activities)

Special projects (donation drives, group service based projects)

Facilities Maintenance (assist with facility, property & lawn management)

Outreach (assist staff with community & street outreach)