

The Well at Sunnyside

VOLUNTEER FORM

Date: _____

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ e-Mail address _____

Birth Date: _____ How can we best contact you: Phone Mail e-Mail

List any medical conditions and response required: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Church or Organization Affiliation (optional): _____

Skills: _____

Passions: _____

Please indicate the activities for which you would be willing to serve

| | | | |
|---|--|---|---|
| <input type="checkbox"/> Free store | <input type="checkbox"/> Administrative | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Meal Preparation |
| <input type="checkbox"/> Meal Serving | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Food drives | <input type="checkbox"/> Computer Support |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Prayer Partner | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Ohio Benefit Bank | <input type="checkbox"/> Facility Maintenance | |

When can you volunteer? Days: _____ Times: _____

Anything else you would like to share with us? _____

**Return this form to:
The Well at Sunnyside
721 S Fayette St
Washington CH, OH 43160**

This information will not be shared with any other group/organization without your consent.

For office use only

Start Date: _____ Primary Position: _____ Frequency: _____

Orientation Date: _____ Comments: _____