



MLC Charities Foundation Inc.

DISCLAIMER: Thank you for your interest in volunteering your time with MLC Charities Foundation Inc. 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 FORM

VOLUNTEER INFORMATION				
FIRST NAME:	_____	LAST NAME	_____	MI _____
D.O.B	_____	GENDER:	MALE	FEMALE OTHER
STREET ADDRESS: _____				
CITY:	_____	STATE:	_____	ZIP CODE: _____
SPOKEN LANGUAGE (S):	ENGLISH	SPANISH	FRENCH	OTHER
PHONE:	_____	EMAIL:	_____	
EMPLOYER:	_____	PHONE:	_____	
EMERGENCY CONTACT #1				
FIRST NAME:	_____	LAST NAME:	_____	
RELATIONSHIP:	_____	PHONE:	_____	
EMERGENCY CONTACT #2				
FIRST NAME:	_____	LAST NAME:	_____	
RELATIONSHIP:	_____	PHONE:	_____	
VOLUNTEER QUESTIONNAIRE				
VOLUNTEER INTEREST:	EVENTS	FUNDRAISING	ADMINISTRATION	OTHER
HOW DID YOU HEAR ABOUT US:	GOGGLE	SOCIAL MEDIA	WORD OF MOUTH	OTHER
TELL US ABOUT YOURSELF				