

## **Volunteer Form**

Name		Male C	☐ Female ☐
Address			
City, State, Zip			
Work Place/School			
Home Phone			
Work Phone			
Cell Phone			
E-mail			
Organization Reques	ting Community Service		
Number of Hours Nee	eded		
Date Hours Must be	Completed By		
Days and Times Avai	ilable		
Special Skills or Tale	nts		
Number of Hours Needed			
I would like to volunteer at  ☐ Raymond P. Lavietes Clubhouse, Shelton ☐ Joel E. Smilow Clubhouse, Ansonia		Areas of Interest  ☐ Education Center, Homework, Computer ☐ Games Room Assistant ☐ Cultural Specialist ☐ Sports Leagues and Teams	
on your talents or s	kills, but a precaution we nteer Form, then we will p	t is our policy to run background checks. This i e must take to protect the children we serve. Pl provide you with our Background Check Policy	ease
Birth Date		Social Security Number	-
Signature			
Date			

All information is required. Please write clearly. If we cannot read your information, it will delay processing.