



VOLUNTEER REGISTRATION

FOR OFFICE USE ONLY	<input type="checkbox"/> APPOINTMENT EFFECTIVE _____	<input type="checkbox"/> RESIGNATION EFFECTIVE _____	<input type="checkbox"/> CSP VOLUNTEER
			<input type="checkbox"/> INTERNSHIP/FIELD WORK
			<input type="checkbox"/> COMMUNITY SERVICE (ALL OTHERS)

VOLUNTEER NAME	SEX	I CERTIFY THAT I AM OVER THE AGE OF 18
	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO

ADDRESS*	DATE OF BIRTH IF UNDER 18*

CITY	STATE	ZIP	HOME PHONE*

EMAIL	CELL/WORK PHONE*

OTHER LANGUAGES SPOKEN	DRIVER'S LICENSE NO. (If applicable)*

EMERGENCY CONTACT*	RELATIONSHIP	HOME PHONE*

ADDRESS*	WORK PHONE*

CITY	STATE	ZIP	CELL PHONE*

SITE ASSIGNMENT(S)	PROGRAM

ASSIGNMENT DESCRIPTION

WHAT DAY(S), TIME(S), AND SEASON(S) ARE YOU AVAILABLE?							
MONDAY	<input type="text"/>	WEDNESDAY	<input type="text"/>	FRIDAY	<input type="text"/>	<input type="checkbox"/> SUMMER	
TUESDAY	<input type="text"/>	THURSDAY	<input type="text"/>	SATURDAY	<input type="text"/>	<input type="checkbox"/> FALL	
				SUNDAY	<input type="text"/>	<input type="checkbox"/> WINTER	
						<input type="checkbox"/> SPRING	

APPROVED BY _____	VOLUNTEER SIGNATURE _____
COMMUNITY SERVICES SUPERVISOR	PARENT SIGNATURE _____

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<input type="checkbox"/> TB TEST ON FILE (for positions working with or near children or food)	<input type="checkbox"/> VALID DRIVERS LICENSE (for positions involving use of City or personal vehicle) <i>EXP DATE</i> _____	<input type="checkbox"/> AUTOMOBILE INSURANCE (for positions involving use of personal vehicle) <i>INSURANCE PROVIDER</i> _____
<input type="checkbox"/> FINGERPRINTING (for volunteers over 18 years of age working with minors)	<input type="checkbox"/> PARENT CONSENT FOR PARTICIPATION AND TREATMENT FORM (for volunteers under 18 years of age)	<i>EXP DATE</i> _____