



Volunteer Form

Basic Information	
Name	
Address	
City, State, Zip	
Home Phone	
Cell Phone	
E-mail Address	
Birthday	
Emergency Contact Information:	
Name	
Address	
City, State, Zip	
Home Phone	
Cell Phone	
Relationship	
What type of volunteer work are you interested in?	
Do you hold any degree or special certification related to these subjects?	
List your current computer skills?	
What is your availability?	
If SCAN expanded its hours, would you be available on Saturdays or evenings? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you belong to any organizations that might be interested in learning more about SCAN or might be interested becoming a sponsor or in making a donation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please list:	
Provide two references (business or personal).	Name: Phone#: Relationship: Name: Phone#: Relationship:

Signature: _____ Date: _____