



# Milton Family Community Center VOLUNTEER INFORMATION PROFILE

Please help us learn more about your volunteer interests. Your answers to the following questions will help us determine how your interests, skills, and availability match our volunteer needs.

**Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Primary Contact Address:**  Home  Work  Seasonal  Other \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Telephone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Home  Work  Cell

**E-Mail Address:** \_\_\_\_\_  Home  Work

**Will this volunteer experience be used to meet another program/agency requirement?**

Yes (please list) \_\_\_\_\_  No

If you are using this placement to meet another program/agency requirement, please list the contact person and phone number that we may contact to verify placement and attendance.

*Answering the following optional information helps us to serve you better.*

How did you hear about MFCC, and what inspired you to want to volunteer at MFCC?

**Current or Past Relationship to Milton Family Community Center? If yes, please check below:**

Current or Past Program Participant Program & Years attended: \_\_\_\_\_

Current or Past Board Member Years served: \_\_\_\_\_

Past Volunteer \_\_\_\_\_

Please list any special skills, knowledge or training you may have. \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Gender:  Male  Female

Race/Ethnicity:  Caucasian/White  African-American/Black  
 Native American/American Indian  Asian/Pacific Islander  
 Hispanic/Latino  Other

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<< Continued on page 2 >>

How soon could you start volunteering for our organization? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

What days are you available to volunteer? (please check all that apply)

Sunday    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

How many hours are you available? \_\_\_#hours per\_\_\_\_\_ (day/week/month/year)

Are there certain times that you are most available for volunteering?  
(please be as specific as possible)

Do you have any restrictions that would prevent you from being able to participate in certain volunteer activities? If yes, please describe.

Please check all volunteer activities that interest you:

<input type="checkbox"/> Board Member	<input type="checkbox"/> Children's Programs	<input type="checkbox"/> General Volunteer
<input type="checkbox"/> Food Shelf	<input type="checkbox"/> Administrative / office	<input type="checkbox"/> Building & Grounds
<input type="checkbox"/> Fundraisers & Special Events	<input type="checkbox"/> Social Services Programs	<input type="checkbox"/> Community Garden
<input type="checkbox"/> Foster Grandparent	<input type="checkbox"/> Children's Entertainment	<input type="checkbox"/> Other _____

Please list any MFCC activities in which you are or have been involved:

*For each, list the name of the activity and the starting/ending dates (month/year), if you recall.*

Activity	Position	Location	Start Date	End Date

Please list your skills and interests:

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**Thank You!**

\*Please note: Some volunteer positions may require a criminal background check and at least three references.

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Data Entry by \_\_\_\_\_ Date \_\_\_\_\_