



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: ____ / ____ / ____

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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 _____