



## **Volunteer Information Form**

Email completed form to [allisonh@nwgreenbay.org](mailto:allisonh@nwgreenbay.org) or drop it off at the NeighborWorks front desk (437 S. Jackson St. Green Bay, WI 54301).

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

**Preferred contact method (email/ text/ call):**

\_\_\_\_\_

**How did you hear about this volunteer position?** \_\_\_\_\_

**Physical Limitations that would impact your role as a volunteer:**

\_\_\_\_\_

**List current employment and/or volunteer experience**

Agency \_\_\_\_\_ Position \_\_\_\_\_ Dates \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Volunteer Signature

Date

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**REQUIRED EMERGENCY CONTACT INFORMATION:**

Contact: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone #1: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Please list any medical conditions or allergies of which we should be aware:

\_\_\_\_\_