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## VOLUNTEER INTEREST FORM

Today's Date: \_\_\_\_\_ Orientation date: \_\_\_\_\_

I wish to volunteer because: Court Ordered \_\_\_\_\_ School: \_\_\_\_\_ Employment: \_\_\_\_\_ Personal: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ M \_\_\_ F \_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell or Other): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

E-Mail address: \_\_\_\_\_

How did you hear about TRM? \_\_\_\_\_

I am in: Grade school \_\_\_\_\_ Middle school \_\_\_\_\_ High school \_\_\_\_\_ College \_\_\_\_\_

Employer: \_\_\_\_\_ Retired: Y \_\_\_ N \_\_\_

I belong to (church/club/organization) \_\_\_\_\_

Do you volunteer now? Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_

Do you have any disability which we need to consider? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

Other languages spoken: \_\_\_\_\_

Volunteer Interests: Please check all that apply, feel free to write in any other areas you wish to help in:

Phone calling \_\_\_ Grant Writing \_\_\_ Fundraising \_\_\_ Public Events \_\_\_ Toy Cleaning/ Repair \_\_\_ Sewing \_\_\_ Knitting \_\_\_

Crocheting \_\_\_ Marketing \_\_\_ Other \_\_\_\_\_

Interpreter for Christmas Distribution \_\_\_ If so, what language(s) \_\_\_\_\_

**Information /Photo Release: Toy Rescue Mission (TRM) at times recognizes our volunteers in print or media. Do you consent to having your name and or photograph released? If there are limitations such as full name, please write those below and on the attached consent form. Do you give permission to TRM for the use of your photo in publicity?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Exceptions: \_\_\_\_\_

**I also acknowledge that in order to volunteer, I will complete and submit to a background check. In addition, I agree to release Toy Rescue Mission of any and all claims to myself or others which may arise as a result of loss or damages incurred during my volunteer participation. Any personal injury must be reported immediately to a member of the TRM staff.**

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Signature of parent or guardian if under age 16