



Volunteer Information

PLEASE WRITE CLEARLY Volunteer Orientation Month/Year: _____

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email: _____

Are you a student? Yes No

Are you retired? Yes No

Who is your employer? _____

What is your job title? _____

Are you affiliated with an organization or agency? Yes / No

If yes, what agency? _____

How did you hear about Independent Butterflies?

What are some special skills you can contribute to Independent Butterflies?

(For example: computer skills, office support, event planning, work with children, etc.)

Please check the area(s) that you are interested in volunteering for

- Teen Mentor
- Fundraiser Volunteer
- Grant Writing
- Special Events
- Other - Please specify: _____

When are you available to volunteer? (Check all that apply)

- Weekday
Specify days and times: _____
- Evenings/Weekends
- On Call
- One-Time Volunteer

Do you want to volunteer because you need to do community service? Yes / No

If yes, how many hours? _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

The following is *optional* information we gather from our volunteers which is helpful with some of our grant funding.

Date of birth: _____ **Gender:** Male / Female

Ethnicity (choose the group you most identify with)

- | | |
|---|---|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Other |
| <input type="checkbox"/> Latino/a | <input type="checkbox"/> Decline to state |

Please return completed form by e-mail, or in person:

E-mail: 18butterflygirl@gmail.com

Tel.: 239-228-0330