



The
WIT
Method

Volunteer Information Sheet

Upon completion and submission of this form, a formal interview will be scheduled.

Name: _____

Address: _____

Phone Number: _____

Email: _____

Occupation: _____ DOB: MM/DD _____

Currently Employed Y/N _____ or Retired Y/N _____

Current/Most Recent Employer: _____

Certifications: _____

Skills/Training/Interests: _____

Volunteer Availability: Circle all that apply, include time(s) below.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
_____	_____	_____	_____	_____	_____
Time	Time	Time	Time	Time	Time

Where would you like to help?

Reception/Front Desk

Community Outreach

Special Events

Fundraising Support

S.M.A.R.T. Time

Workshop Support

Data Entry/Computer

Other: _____

Volunteer Experience:

Reference Name:

Phone Number:

Email:

Relationship to Volunteer:

Reference Name:

Phone Number:

Email:

Relationship to Volunteer:

Reference Name: _____

Phone Number: _____

Email: _____

Relationship to Volunteer: _____

Emergency Contact

Name: _____

Phone Number: _____

Relationship to volunteer: _____

Statement Agreement

I confirm by signing this statement, that I have not been convicted of a crime of child abuse, unlawful sexual behavior or a felony. I give my permission to The WIT Method to run a DOJ Background check if necessary.

Signature Date

I understand that completion and submission of this information sheet does not obligate The WIT Method to provide volunteer time/experience and that there is no guarantee of acceptance regardless of open positions available. Furthermore, I understand that the process of volunteer selection-form completion, interview, reference and background check are standard and required for all submissions. I the undersigned state that all information completed is true and accurate.

Signature Date