

A Little Heart, inc.

Volunteer Intake Form

Volunteer Name: _____

Volunteer Address: _____

Telephone Number(s): _____

Volunteer Email: _____

Person to Contact in the Event of an Emergency: _____

Phone: _____

Doctor: _____ Phone: _____

Placement:

1. I am willing to assist with the following tasks

___ Help organize parties and events

___ Assist in thrift store, run register, price and stock items, etc.

___ Secretarial, making phone calls, sending receipts, etc.

___ Assisting with mechanics of various programs including purchasing, packaging, and delivery of items.

___ Other _____

2. I have the following special skills to contribute: _____

3. I am available to help at the following date and times:

Mon Tues Wed Thurs Fri Sat Sun

Mornings Afternoons

Any specific hours? _____

Would you prefer to help occasionally? _____

4. Describe what you want to get from your volunteer experience:

Increase my skills in _____

Meet new people: professional networking

Social events

A sense of giving something back, contributing to a good cause

Interest in the work the organization does

Other

Due to legal requirements and the nature of our programs we need to ask; have you ever been convicted of a felony

Yes

No

Thank you for your interest in A Little Heart Inc.