

811 2nd Avenue SE, Suite 1
Decatur, AL 35601
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Phone: 256-355-8628
Fax: 256-355-8726

Volunteer Center of Morgan County *Volunteer Registration*

Thank you for your interest in community volunteer opportunities through the Volunteer Center. Please help us match your interests or skills with a community need by completing this form.

Have you registered with the Volunteer Center before? Yes No

CONTACT INFORMATION

- Mr.
 Mrs.
 Ms.

Employment Status :(Circle One)

Employed

Student

Retired

Unemployed

Place of Employment or
School: _____

Sex: Male Female

How did you learn about the Volunteer Center? _____

Do you have a valid Driver's License? _____ If so, State and Number _____

Do you speak any language other than English? _____ If so, which language? _____

Have you ever been convicted of a felony? _____

AVAILABILITY

Times Available:

___ Weekdays	___ Mornings	___ Afternoons	___ Evenings
___ Weekends	___ Mornings	___ Afternoons	___ Evenings

PLEASE TELL US MORE ABOUT YOURSELF

Do you have any limitations that would affect your volunteer referral? Yes No

If yes, please explain:

Why would you like to volunteer? _____

Please list your previous volunteer experience: _____

List educational background and/or special training or skills: _____

VOLUNTEER INTERESTS

What issues or focus areas interest you the most? _____

Do you have any specific volunteer work in mind? Yes No

If yes, please explain:

Please list two personal or professional references:

Name	Address	Phone
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Name	Address	Phone
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Signature: _____ Date: _____

Thank you for your interest in volunteering through the Volunteer Center of Morgan County, Inc.