

Name (first, middle initial, last)	Date
Street Address	Home Phone
City/State/Zip	Work Phone
E-Mail	Date of Birth

Availability

Long Term Short Term One-Time; Special Project # of hours _____

Check the box for the time period(s) in the day(s) you're available

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

Are there any physical conditions to be taken into consideration in arranging volunteer assignments for you? Yes No

If "Yes", please explain _____

Skills and Interests

Current/previous work or occupation:	
Previous volunteer experience:	What?
	Where?
Hobbies, interests, skills:	
Special training, certification:	
Who or what prompted you to volunteer?	
What would you most like to get out of this experience?	

Education

Circle highest grade completed:

High School	1	2	3	4	Trade or Professional School:
College	1	2	3	4	
Major:					

References

List two personal references, other than family members (full name, address, phone):

Name:	Phone:
Street Address:	City/State/Zip:

Name:	Phone:
Street Address:	City/State/Zip:

Emergency Information

In case of emergency, contact:

Name:	Relationship:
Work Phone:	Home Phone:

Project Assignment

Please review the ReStore Volunteer Opportunities (separate sheet), then check the boxes below next to the area(s) you would like to volunteer in:

Staff Assistant Extraordinaire	<input type="checkbox"/>
Truck Helper	<input type="checkbox"/>
Deconstruction Services	<input type="checkbox"/>
Special Events Staff	<input type="checkbox"/>
Green Thumb	<input type="checkbox"/>

Media Maker	<input type="checkbox"/>
Merchandiser	<input type="checkbox"/>
Tinkerer's Treat	<input type="checkbox"/>
Other	<input type="checkbox"/>
	<input type="checkbox"/>

I understand that I am not an employee of CET or the ReStore Home Improvement Center, and that any duties I perform are as a volunteer. I agree to abide by the procedures set forth by CET and the ReStore Home Improvement Center for my assigned duties. I also understand that it is my responsibility to update any address, emergency or other changes to the information on this form.

Signature: _____

Date: _____

Parent/Guardian (if under 18 years of age): _____