

## Barberton Area Community Ministries Volunteer Information Form

Name: \_\_\_\_\_

Beginning Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Church/Organization affiliation: \_\_\_\_\_

Volunteer interests (things you would like to do): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special skills you bring: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Limitations/concerns which may affect volunteering: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of emergency, who should we contact?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ or \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ or \_\_\_\_\_

Preferred Physician:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Medications/conditions we should know about: \_\_\_\_\_

\_\_\_\_\_