



Prospective Volunteer Intake Form

Date _____

Name (First and Last) _____

Preferred Name/Nickname _____ Date of Birth _____

Preferred Method of Contact: Email Phone Postal Mail

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Cell Home Work

Alternative Phone 1 _____ Cell Home Work

Alternative Phone 2 _____ Cell Home Work

Email _____

Would you like to receive our newsletter?

Yes No

I heard about EOCP through:

- Friend/colleague
- EOCP staff member
- Internet/website
- Another organization
- Publication
- Other

I am interested in:

- Volunteering at EOCP
- Donating goods to EOCP
- Making a financial donation to EOCP
- Making a financial donation via workplace giving.
My employer is: _____
- Other: _____

Personal References

	Name (First and Last)	Relationship to you	Phone number
1.	_____	_____	_____
2.	_____	_____	_____

Emergency Contact



General Interests (Check all that apply)

Organizational Support

- Reception area support
- Database input
- Other administrative support
- Fundraising

Food Services

- Food preparation
- Serving meals
- Kitchen sanitation

Program Support

- Give presentations on life skills
- Assist staff to prepare life skills training
- Read to children
- Help children/youth with homework
- Arts/crafts with children

Relevant Degrees and Certifications (e.g. CPR)

1. _____ Organization: _____ Date Completed: _____
2. _____ Organization: _____ Date Completed: _____
3. _____ Organization: _____ Date Completed: _____

Relevant Skills

- Group facilitation
- Office skills
- Other _____
- Cooking
- Arts/crafts
- Teaching experience
- Fundraising

Recent Employment and/or Volunteer Background

Agency	Position/Duties	Dates
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Availability

Please write in the times when you are available Monday-Sunday

Languages Spoken

- | | | | |
|-------|---------------------------------|---------------------------------------|-----------------------------------|
| _____ | <input type="checkbox"/> Fluent | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Beginner |
| _____ | <input type="checkbox"/> Fluent | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Beginner |



1. Why would you like to volunteer at EOCP?

2. What would you like to do as a volunteer to EOCP?

3. Please tell us about any experience you have working as part of a diverse, multicultural team including experience working with an organizations that serves low income or homeless people.

4. Is there anything else you would like us to know about you?

5. Do you have any questions for us?

Signature

Printed Name

Date

Please return this form to EOCP **by mail or in person**. Thank you!