

## SHARING & CARING VOLUNTEER REGISTRATION FORM

Information provided on this sheet is voluntary and strictly confidential.  
Emergency information is for your benefit.

Date			Home Phone		
			Cell Phone		
Name					
Address					
Birthdate					
Email Address					
Area of Interest	Interviewer	Desk		Pantry	
Hours Preferred	9:00 - 11:30 A. M.	11:30 A. M. - 2:00 P. M.		9:00 - 2:00 P. M.	
Days Preferred	Monday	Tuesday	Wednesday	Thursday	Friday
If transportation to S&C is needed, check box				<u>Yes</u>	<u>No</u>

### EMERGENCY INFORMATION

Local Physician		Phone No	
Person to Notify in Case of Emergency		Phone No	
Relationship			
Medications or medical conditions we should know about			