



VOLUNTEER INFORMATION SHEET

(Please print clearly)

Last Name: _____ First Name: _____
DOB (month/day/year): _____
Address: _____ City: _____ State: _____ ZIP: _____
Contact phone: _____
Email (for internal use only): _____
How did you hear about us? Who referred you? _____

Are you interested in volunteering with us throughout the year during special events or as needed? Yes No

Are you interested in fundraising to make the biggest impact on Hearts & Crafts families? Yes No

Do you have any special talents, hobbies or interests?

May we have your permission to use your photo to promote Hearts & Crafts Grief Counseling, including but not limited to our website and Facebook page as well as in newspapers and other media outlets? Yes No

I'd like to volunteer for Camp Grief Busters: Saturday Sunday Both

FOR INTERNAL USE ONLY

2011 Camp Task assigned: _____
Background check completed: _____

Notes: _____

