



Health Initiatives for Youth
VOLUNTEER INFORMATION SHEET

NAME: _____

PHONE: _____

ADDRESS: _____

E-MAIL: _____

EMERGENCY CONTACT (NAME, PHONE,
RELATIONSHIP): _____

AVAILABILITY (CHECK WHEN AVAILABLE):

	9-12	1-3	3-5
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

HOW DID YOU LEARN ABOUT HIFY?

ARE YOU COMING AS PART OF A SCHOOL/WORK/COMMUNITY SERVICE PROGRAM? IF SO, PLEASE LET US KNOW OF ANY REQUIREMENTS YOU HAVE FOR THAT PROGRAM.

WHAT SKILLS/EXPERIENCES DO YOU BRING AS A VOLUNTEER
(Language skills, facilitation experience, computer skills, etc)?

WHAT DO YOU WANT LEARN (INFORMATION, SKILLS, ETC.)?

HOW LONG ARE YOU INTERESTED IN VOLUNTEERING FOR?

IS THERE ANY ADDITIONAL INFORMATION YOU'D LIKE US TO KNOW ABOUT YOU?