

STUDENT VOLUNTEER INFORMATION FORM



1000 Revolution Mill Drive, Studio 4 • Greensboro, North Carolina 27405

Name _____ Telephone _____

Address _____

(College students should provide local address.)

E-mail _____ Age _____

School/Year/Academic major _____

Preferred method of contact _____

Do you have past volunteer experience? Yes No

With what agencies have you volunteered? For how long? _____

When are you available to volunteer?

Weekly _____ Monthly _____ Other _____

What kind of volunteer work interests you?

Sports/outdoor activities _____ Working with children _____

Fundraising _____ Special events _____

Working with adults _____ Other _____

Do you have your own transportation? Yes No

How did you hear about The Arc of Greensboro? _____

Other skills, interests and hobbies _____

Please provide the names and phone numbers of two volunteer references:

Volunteer Signature

Date