

VOLUNTEER REGISTRATION FORM

Please complete the registration form. All American Indian Center volunteers are required to complete the form in order to process your application.

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Age _____ DOB _____ AIC Member (Y/N) _____

Ethnicity _____

PROFILE: List your skills, interests or hobbies. _____

List your highest completed grade _____ and occupation _____

Check your volunteer interests:

___ working with youth ___ working with elders ___ working with adults

___ construction ___ special events ___ maintenance

___ office services ___ fundraising ___ membership

How often are you available to volunteer?

___ daily ___ weekly ___ monthly ___ special event/weekends

List day(s) and hours _____

Explain briefly why you wish to volunteer at the AIC _____

AGREEMENT: I certify that all of the above information is correct and will be used only for AIC Volunteer purposes.

Signature _____

Date _____