



ICCF

(616) 336-9333 | www.iccf.org

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VOLUNTEER REGISTRATION FORM

Name:	Date:						
Address:	City:						
State:	Zip code:	Home/Cell phone:					
Work phone:	E-mail address:						
Circle age group:	Under 20	20-29	30-39	40-49	Over 49		
Would you like to be on our mailing list?	Yes	No					
Are you affiliated with a church or an organization?	Yes	No					
Name of church/organization:							
Have you ever volunteered before?	Yes	No					
Where?	What did you do?						
Special training or interest:							
Volunteer position desired:							
Days available:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Hours available:	Morning	Noon	Afternoon	Evening	Varied		
How long can you commit to this volunteer service?							
When are you available to start?							
Do you have a valid driver's license?							
Yes No License # _____							
Do you have access to a car on a regular basis? Yes No							
Have you received any traffic violations within the past three years?							
Yes No If yes, please explain _____							

References:

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

Assurance of Insurance:

Volunteers are not covered by ICCF's insurance policy. Please be aware that if you require any medical assistance as a result of your volunteer experience with ICCF, you and your insurance carrier are the primary respondents to the medical claim.

Do you have health insurance? YES NO

Name of insurance carrier: _____

Emergency contact: _____

Emergency contact phone number: _____

Signature: _____ Date: _____

Periodically, we take photographs of volunteers in action. Please be aware that the pictures taken could potentially be printed in local media, ICCF's promotional material, and/or ICCF's web site.

Please treat any direct or indirect confidential material with the utmost respect and do not discuss or release the information outside our facilities.

Thank you for your gift of time and talent!

For more information, please contact:

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