



VOLUNTEER INTEREST FORM

CONTACT INFORMATION

First Name:		Last Name:		Date of Birth:	
Address:					
City:		State:		Zip:	
Phone: (home)			(cell)		
Email:					
Male: <input type="checkbox"/>		Female: <input type="checkbox"/>			
Emergency Contact- Name:			Relationship:		
Emergency Contact-Phone: (home)			(cell)		

VOLUNTEER OPTIONS

What volunteer opportunities with the DFI interest you most? Please check one or more options below.

- | | | |
|---|--|--|
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Special Events/Event Planning | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Community Liaison (outreach) | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Website/Social Media/Graphics |
| <input type="checkbox"/> Public Education | <input type="checkbox"/> Public Relations & Marketing | <input type="checkbox"/> Patient Support/Navigation |

PROFESSIONAL & VOLUNTEER EXPERIENCE

Please indicate your most recent and/or relevant experience (s). You may also include a copy of your resume.

Organization	Position/Major Responsibility	Dates of Service (mm/yy)	
		From:	To:
		From:	To:
		From:	To:
		From:	To:

RELATED SKILLS

Please list the computer programs you are comfortable using:

Foreign languages spoken:

Are there any other special skills/interests that you would like to utilize while volunteering?:

AVAILABILITY

How often would you like to volunteer with us?

- Weekly As Needed
 Bi-weekly Monthly

Which days are you available? Please keep in mind outreach, fundraising and special events volunteers will be needed occasionally on the weekends.

- Mon Tues Wed Thurs Fri Sat Sun

What time of day are you typically available?

- Mornings (10am-1pm) Afternoons (1pm-4pm) Occasional Evenings

REFERENCES

List two non-family members who can provide references as to your character, skills, and dependability.

Name	Phone	Email

STATEMENT OF INTEREST

Briefly state why you would like to volunteer with the DFI:

How did you hear about us?

I hereby certify that the above information is accurate and true.

Please sign:

X _____ Date: _____