



# Volunteer General Information Form

Today's Date \_\_\_\_\_

Send completed form to:  
justforgirls@myjfg.org

Name: \_\_\_\_\_  
(First) (Middle) (Last) Spouse/Partner (if applicable)

Birthday: \_\_\_\_\_(optional) Anniversary: \_\_\_\_\_(optional)

Home/Mailing Address \_\_\_\_\_

Work/School Address: \_\_\_\_\_

Occupation/Major (if applicable): \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method of contact: Mail to Home Address  Mail to Work/School Address   
Email  Mobile #  Home #  Work #

Educational background: \_\_\_\_\_

Employment experience: \_\_\_\_\_

Community service experience: \_\_\_\_\_

Experience working with or raising children: \_\_\_\_\_

Have you ever been convicted of any crime? \_\_\_\_\_

Reasons you are interested in serving as a volunteer: \_\_\_\_\_

Check one or more areas of interest/expertise:

- |  |   |  |   |
|--|---|--|---|
| Art/Crafts <input type="checkbox"/>      | Reading Support <input type="checkbox"/>      | Back-to-School Prep <input type="checkbox"/>   | End-of-School Clean Up <input type="checkbox"/>   |
| Music/Dance <input type="checkbox"/>     | Homework Assistance <input type="checkbox"/>  | Mural Design/Painting <input type="checkbox"/> | Fundraising/Crowdfunding <input type="checkbox"/> |
| STEM Activities <input type="checkbox"/> | Workshops/Seminars <input type="checkbox"/>   | Parent/Family Support <input type="checkbox"/> | Photography/Video/Press <input type="checkbox"/>  |
| Skill-Building <input type="checkbox"/>  | Health/Wellness/PE <input type="checkbox"/>   | Community Outreach <input type="checkbox"/>    | Blog/Web/Social Media <input type="checkbox"/>    |
| Mentoring <input type="checkbox"/>       | Field Trip Chaperone <input type="checkbox"/> | Printing/Mailing <input type="checkbox"/>      | Other: _____ <input type="checkbox"/>             |

Availability:

- |                                    |                                     |                                 |
|------------------------------------|-------------------------------------|---------------------------------|
| Monday <input type="checkbox"/>    | Mornings <input type="checkbox"/>   | Other: <input type="checkbox"/> |
| Tuesday <input type="checkbox"/>   | Afternoons <input type="checkbox"/> | _____                           |
| Wednesday <input type="checkbox"/> | Evenings <input type="checkbox"/>   | _____                           |
| Thursday <input type="checkbox"/>  |                                     | _____                           |
| Friday <input type="checkbox"/>    | Weekly <input type="checkbox"/>     |                                 |
| Saturday <input type="checkbox"/>  | Monthly <input type="checkbox"/>    |                                 |
| Sunday <input type="checkbox"/>    | Annually <input type="checkbox"/>   |                                 |