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www.gmrfchildren.org

VOLUNTEER INFORMATION FORM

(Please Print)

Date Filled Out: _____

Date Received: _____

PERSONAL INFORMATION		
NAME _____		
MAILING ADDRESS: STREET / P.O. BOX NUMBER _____		
TOWN / CITY / STATE / ZIP CODE _____		
TELEPHONE (DAY) _____	TELEPHONE (EVENING/MOBILE) _____	E-MAIL _____

IN CASE OF EMERGENCY, PERSON TO CONTACT

NAME	TELEPHONE	MOBILE

Have you volunteered for The Global Medical Relief Fund? If yes, please indicate year.

Please check “yes” or “no”: My name and address may be shared with The Global Medical Relief Fund’s mailing lists. Yes No

1. Interests and Experiences: Please check those areas that you have experience with and circle those you are additionally interested in.

A) Working directly with the children in the capacity of:

B) Working directly with adults in the following capacities:

2. My special interests/talents include:

- | | | | |
|-----------|---------------|-----------------------|------------------|
| Driving | Entertaining | Advisory Board Member | Donor/Fundraiser |
| Chaperone | Special Event | Office Support | Special Project |

3. My volunteer experience is:

5. Special considerations regarding my availability, length of commitment, etc. are: