



Office: 112 Macfarland Avenue
 Staten Island, New York 10305
 Tel: 718.448.6984 Fax: 718.448.6444

www.gmrfchildren.org

VOLUNTEER INFORMATION FORM

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: