

**Life Foundation
New Volunteer Information Form**

DATE: _____

Contact Information

Last Name: _____ **First Name:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Number: _____ home work cellular

Email address: _____ check if you would like to
receive our volunteer eNewsletter

Which is the best way to contact you? phone email mail

Volunteer Interests and Availability

Days & Times Available: _____

Volunteer Interests (check all that apply):

- Receptionist Events (AIDS walk, World AIDS Day, Oahu Dines, etc)
 Meals Programs Mailings/ Office Work Working Directly with Clients

Is there anything not listed that you would like to help develop or participate in?

Special Skills to Note:

(e.g. license in massage therapy, driver's license with good record, data entry, license to cut hair, etc...)

Have you had a TB test in the past year? yes no

- **If you have, you will be required to submit your TB certification test.**
- **If you have not, we will provide you with a list of free TB testing sites.**