

Handley Youth Volunteer Assignment Data

Name _____ Age _____

E-mail _____

Address _____ Zip Code _____

Phone _____ School _____

Orientation Date _____ Location _____

Volunteer Schedule: Day(s) _____ Hours _____

Beginning Date _____ Ending Date _____

Vacation Dates: _____

POSITIONS: _____ Shelving Assistant _____ Program Assistant
 _____ Display Assistant _____ Teen Advisory Board

Report to supervisor: Aimee Gangai or Christine Forbes.

If you must be absent, please call in advance.

Confidential Volunteer Information

Medical Concerns _____

Name of a contact in case of Emergency _____

Relationship _____ Phone _____

Supervisor

Volunteer

Parent/Guardian