Volunteer Registration Form
Philomath Community Services
PO Box 1334, 360 S. 9th ST. Philomath, OR. 97370
(541) 929-2499

Contact Information: Please Print

Name_____Birth Date, if minor_____

Mailing Address_____

_____Email_____

Home Phone_____Cell Phone_____

What Program(s) would you like to volunteer for?

- ❑ June's Kids Kloset
- ❑ Holiday Cheer
- ❑ Nancy's Food Pantry
- ❑ Lupe's Community Garden
- ❑ PCS Gleaners
- ❑ Community Ambassador

Skills I have to Share/Skills I want to practice i.e. construction, maintenance, computer, website, Excel, customer service, fundraising, finance, etc.

_____

_____

In case of emergency, please contact:

1. Name_____Relationship_____

Phone: Home_____Cell_____Work_____

Doctor'sName_____Phone:_____

2. Name_____Relationship_____

Phone: Home_____Cell_____Work_____

Doctor's Name_____Phone:_____

Do you have medical conditions or allergies that we should know about? In case of emergency, please describe how we can help:(diabetes, seizure disorder, extreme allergy conditions, etc.)

_____

_____

_____

_____

I authorize use of my picture in Philomath Community Services publications:

Yes_____No____

By signing and dating below, I acknowledge that I have read, understand and accept the **Ethical Expectations for Volunteers** document:

Volunteer's Signature:_____Date_____

If Volunteer is a minor, Parent Signature:_____Date:_____