



VOLUNTEER INTAKE FORM

Date: _			
Are vo	u over the age of 18?		
	teers under 18 must have a Guardian Release sig	aned d	or be accompanied by an adult.)
	Yes		, , ,
	No		
Name:		_	
	·		
	ss Line 1:		
	ss Line 2:		
Where	would you prefer to volunteer? (Mark all that a The Parenting PATH main agency building Pinwheels Thrift Store and Family Center Where I'm needed!	ipply)	
When	are you available to volunteer? (Mark all that ap	ply)	
	Wednesday: 1 pm-4 pm		Wednesday: 4 pm-6 pm
	Thursday: 1 pm-4 pm		Thursday: 4 pm-6 pm
	Friday: 1 pm-4 pm		Friday: 4 pm-6 pm
	Saturday: 1 pm-4 pm		Saturday: 4 pm-6 pm
Ple	ease specify a date here:		
	Please check here if you would like this to be a	recuri	ring position
Fo	r additional options, please contact The Parentir	ng PAT	ТН
List of	volunteer choices (Mark all that apply)		
	Office/administrative duties		
	Donation intake, sorting, and organizing		
	Retail and Customer Service		
	Outside landscape beautification		





Any special skills you would like to share with us?			
How did you hear about The Parenting PATH and Pinwheels?:			
Large Group Volunteer intake:			
Name of your organization:			
Primary contact:			
Email:			
Phone:			
Address Line 1:			
Address Line 2:			
How many volunteers will be attending?			
Will there be any volunteers under the age of 18?			
(Volunteers under 18 must have a Guardian Release signed or be accompanied by an adult.)			
□ Yes			
\square No			
What date would you like your group to volunteer?			
What duties would your group like to participate in?			
List of volunteer choices (Mark all that apply)			
☐ Office/administrative duties			
☐ Donation intake, sorting, and organizing			
☐ Retail and Customer Service			
☐ Outside landscape beautification			