



Volunteer Information Form

Date: _____

Please print clearly.

First Name: _____ Last Name: _____

Street: _____ City: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Email: _____

Statistics The following information is optional but is very important for us:

Gender: Male Female **Age:** Under 18 18-39 40-59 60+

Would like to receive notifications of future Weed Warrior events via e-mail? **Yes** **No**

When are you available to volunteer? Weekends Weekdays Evenings during Week (daylight savings)

Can you help in additional ways? Web design Graphics Photography Team Leader Volunteer outreach

Organizational-Employment Information

Are you: Employed? Retired? Student? Other: _____

Name of Employer: _____

Are you a college student? If so, which college? _____ Year in College _____

Are you a K-12 student? If so, which school? _____ Year in School _____

Are you a leader of or a member of a community or school organization or youth group? _____

Please provide organization name and position:

Comments or Additional Information