



EDWARD C. MAZIQUE PARENT CHILD CENTER, INC. VOLUNTEER INFORMATION SHEET

Personal Information

Full Name: _____

Last
First
M.I.

Address: _____

Street Address
Apartment/Unit #

City
State
ZIP Code

Home Phone Number : _____ Work Phone Number: _____

Social Security Number: _____ Date of Birth: _____ Age: _____

Emergency Contact Information

Full Name: _____

Last
First
M.I.

Address: _____

Street Address
Apartment/Unit #

City
State
ZIP Code

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Education and Employment Information

EDUCATION INFORMATION: *Please indicate your highest education level (CIRCLE ONE)*

Less than 12 th Grade	GED/High School Graduate	College Graduate	Masters	Doctorates	Post Graduate
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Post Graduate Coursework or Studies? _____

EMPLOYMENT INFORMATION

Current Employer: _____

Address: _____

Street Address
Apartment/Unit #

City
State
ZIP Code

Telephone Number: _____ Supervisor's Name: _____



General Information



How did you hear about the Mazique Center? _____

What type of volunteer work do you desire to perform?

When would you be able to start volunteer service at the Mazique Center? _____

Preferred Schedule

PLEASE INDICATE AVAILABLE DAY(S) AND TIME (please yes or no for available days)

Days	Available	From	To	Morning Time	Ending Time
Monday				to	to
Tuesday				to	to
Wednesday				to	to
Thursday				to	to
Friday				to	to
Saturday				to	to



Signature: _____

Date: _____

Official Use Only:

Interview/Orientation	Assignment/Department
Signature: _____	Date: _____
Date: _____	
Letter of Reference provided <input type="checkbox"/> Yes <input type="checkbox"/> No	
Volunteer Health Certification Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No	