



Volunteer Registration Form

Personal Information (Please Print):

Name: _____

Home Phone: _____

Address: _____

Work/Cell Phone: _____

Email Address: _____

In case of an Emergency, notify:

Name: _____

Phone: _____

References: (Please provide the names and contact numbers of three individuals who can verify your qualifications to volunteer at Bancroft.)

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

I hereby give my consent for Bancroft to contact my references.

Signature

DAYS AND TIME YOU WOULD BE AVAILABLE FOR VOLUNTEER WORK

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
a.m.							
p.m.							

How many days/hours per week are you interested in volunteering? _____ days/wk _____ hours/day

Place at which you work or school you attend: _____

Please indicate any special academic/professional training you wish noted in our records _____



Please indicate your interest and/or experience in the following areas: (Use "I" to indicate interest and "E" to indicate experience.)

Arts & Crafts	_____	Teacher's Aide	_____
Horticulture	_____	Library	_____
Music/Drama	_____	Special Olympics Coach	_____
Computers	_____	Copy Center	_____
Photography/videography	_____	Other _____	_____
Hobbies:	_____		

With what age group would you prefer to volunteer?

3-5 years _____ 5-12 years _____ Teenagers _____ Adults _____ Seniors _____

If you prefer not to work directly with persons we serve, which area would you like to offer support:

___ mailings (copy/collate) ___ MIS ___ receptionist ___ data entry ___ filing
_____ writing/editing _____ word processing

Confidentiality:

All Bancroft employees and volunteers are required to sign a Confidentiality Statement:

As a volunteer at Bancroft, I may have access to financial information, methods, practices and procedures which are propriety and/or confidential to Bancroft. Also, I may have knowledge of, and/or access to information concerning the people served whose confidentiality may be a statutory requirement. I agree that I shall not at any time during or after volunteering use or disclose any such information or methods to any person or entity for any purpose whatsoever without the prior written consent of Bancroft.

Failure to comply with this statement could result in termination.

Date

Signature

Please return completed application to:
Bancroft
Volunteer Services
P.O. Box 20, Hopkins Lane
Haddonfield, NJ 08033

FOR OFFICE USE:

Assignment: _____

Start Date: _____

Supervisor: _____

Mantoux: _____