



## BERKS HEIM INDIVIDUAL VOLUNTEER REGISTRATION 2023

**PLEASE NOTE: COVID VACCINATION PREFERRED**

### PERSONAL INFORMATION (PLEASE PRINT)

NAME:

ADDRESS:

E-MAIL ADDRESS:

TELEPHONE NUMBER:

ALTERNATE NUMBER:

:

DAYS/TIMES AVAILABLE TO VOLUNTEER:

PREVIOUS VOLUNTEER EXPERIENCE:

TYPE OF VOLUNTEERING PREFERRED:

ARE YOU WILLING TO BE CALLED FOR SPECIAL EVENTS?

YES

NO

HOBBIES / SKILLS /SPECIAL INTERESTS:

DID SOMEONE RECOMMEND VOLUNTEERING AT BERKS HEIM TO YOU?

YES

NO

IF YES, PLEASE GIVE THE PERSON(S) NAME:

EMERGENCY CONTACT:

NAME:

RELATIONSHIP:

ADDRESS:

TELEPHONE #:

**PLEASE READ AND SIGN NEXT PAGE- CONFIDENTIALITY AGREEMENT.**

**PLEASE E-MAIL COMPLETED FORM TO: [AGILMER@COUNTYOFBERKS.COM](mailto:AGILMER@COUNTYOFBERKS.COM)**

**BH-V-01 (05-2023)**