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| Staff use only | |
| Date contacted: | Scheduled: |
| Follow up notes: | |

Volunteer Interest Form

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|-------------|--|------------|--|-----------|--|
| First Name: | | Last Name: | | | |
| Address: | | | | | |
| City: | | State: | | Zip Code: | |
| Phone: | | Email: | | | |

Preferred method of contact (check all that apply): ☐ phone ☐ text ☐ email

Areas of interest. *Please note, working directly with our clients requires a commitment of at least three days per month. Check all that apply:*

(1) The Elizabeth House (Maternity home)

- ☐ Tasks or projects to support moms & their babies ☐ Special projects (behind the scenes)
☐ one time ☐ recurring

(2) First Care Clinic

- ☐ Working directly with patients or education clients ☐ Special projects (behind the scenes)
☐ one time ☐ recurring

(3) Operations

- ☐ Event Planning/Prep ☐ Special projects (behind the scenes)
☐ Committees ☐ Fundraising/advancing the cause
☐ Board of Directors ☐ Receptionist

Please share any special expertise or professional skills you have to share:

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