



849 Independence Ave, Suite A, Mountain View, CA 94043
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Volunteer Enrollment Form

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone _____ Phone _____ Fax: _____

Email: _____

Emergency Contact: _____

Skills and Interest

Educational Background: _____

Current Occupation: _____

Hobbies, Skills, Interest: _____

Previous Volunteer Experience: _____

What do you hope to gain by volunteering with IMRC? _____

What is your main strength as a volunteer? _____

Preferences in volunteering

- | | | |
|--|---|--|
| <input type="checkbox"/> Working one-on-one | <input type="checkbox"/> Work directly with staff | <input type="checkbox"/> General administrative duties |
| <input type="checkbox"/> Research & training | <input type="checkbox"/> Computer work | <input type="checkbox"/> Fundraising & speaking |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Marketing | |

Availability

- | | | |
|---|--|---|
| <input type="checkbox"/> 9A.M. – 12noon | <input type="checkbox"/> 1P.M. – 4P.M. | <input type="checkbox"/> Which days _____ |
| <input type="checkbox"/> Hours per week _____ | <input type="checkbox"/> Flexible | <input type="checkbox"/> Days <input type="checkbox"/> Evenings |
- Do you have any geographic preferences as to where you would like to do your volunteer work?

May we give other agencies your name and telephone number for other volunteer opportunities?

- Yes No