

THE DANIEL PITINO SHELTER

VOLUNTEER FORM

NAME _____

ADDRESS _____

TELEPHONE _____

TYPE OF VOLUNTEER WORK

CIRCLE ONE

KAPS

SCHOOL

DCBS

OTHER

CONTACT NAME/NUMBER OF THE PERSON WHO MAY WANT TO VERIFY YOUR VOLUNTEER HOURS

OF HOURS YOU WILL VOLUNTEER _____ PER WEEK OR MONTH (CIRCLE ONE).

NOTE:

YOUR VOLUNTEER SUPERVISOR IS CHARLOTTE STATT. ANY QUESTIONS, PROBLEMS, OR CONCERNS ARE TO BE BROUGHT TO HER ATTENTION IMMEDIATELY. YOU ARE RESPONSIBLE FOR DOCUMENTING ALL HOURS YOU VOLUNTEER. THIS DOCUMENTATION IS THE ONLY WAY WE KEEP TRACK OF VOLUNTEER HOURS, SO IT IS VERY IMPORTANT THAT YOU KEEP UP WITH THIS. HOW TO DO THIS WILL BE EXPLAINED TO YOU UPON YOUR FIRST VISIT. INAPPROPRIATE BEHAVIOR WILL RESULT IN YOUR DISMISSAL FROM VOLUNTEER SERVICES.

Sign/Date

Rev. 03/08