



**849 Independence Ave, Suite A, Mountain View, CA 94043**  
Phone: 650-856-0440 Fax: 650-856-0444 Email: info@imrcusa.org

### 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