



VOLUNTEER INFORMATION FORM

PLEASE PRINT

DATE: _____ NAME TAG(first name): _____

NAME: _____

LAST

FIRST

ADDRESS: _____

CITY: _____ ZIP _____

PHONE: _____

HOME

WORK

FRIENDS OF WEHR Member yes__ no__ SCHOOL _____

E-MAIL ADDRESS _____

\$7.00 Fee Paid _____ BIRTHDAY: MONTH _____ DAY: _____ YEAR: _____

Special talents/interests you can share! _____

EMERGENCY CONTACT: _____

Contact's Phone number: Day _____ Evening _____

Relationship: _____

Doctor: _____ Phone Number: _____

Hospital: _____

Special Medical Conditions: _____
