

Baldwin Center-Volunteer Application

DATE \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

BIRTHDATE \_\_\_\_\_

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER \_\_\_\_\_

Are you a member of the Baldwin Center? \_\_\_\_\_

Do you have any special skills or talents? \_\_\_\_\_

\_\_\_\_\_

Would you be interested in leading a group or teaching a skill? \_\_\_\_\_

Would you prefer to work: Alone \_\_\_\_\_ With other people \_\_\_\_\_

Do you have any past volunteer experience? \_\_\_\_\_

Office use only:

Volunteer assigned to \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_

Other \_\_\_\_\_

Thank you for your help!