



WESTHAB VOLUNTEER REGISTRATION

Volunteer Registration Form: Check one

Student Volunteer Adult Volunteer Consultant Program Participant

Name _____ Date _____

Home address _____
Street City Zip code

Email address _____

Home Phone _____ Business Phone _____

IN CASE OF EMERGENCY, WHOM SHOULD WE NOTIFY?

Name _____ Phone # _____

Email _____

Relationship: Spouse Parent Sibling Friend

How did you hear about Westhab? _____

What volunteer activities or services are you providing? _____

Are you affiliated with a volunteer group? YES NO

If yes, which group? _____

Consent to Contact

Westhab likes to stay connected with its volunteers. Would you like to receive occasional service updates, impact stories and upcoming projects & events through (e)mail?

YES NO

Parental Consent (If participant is under 18)

I give permission for my child, _____, to participate in volunteer activities with Westhab, Inc.

Parent/Guardian Signature _____ Date _____