



VOLUNTEER DEMOGRAPHIC INFORMATION

Thank you for Volunteering! By providing the information below, you are helping our programs collect data to help plan and recruit volunteers at future events. Your information is kept on a secure database and will not be shared with other organizations.

First Name: _____ Last Name: _____

Email: _____ Phone (primary): (____) ____ - ____

Zip Code & County of Residence: _____ Tribe Represented: _____ N/A
ZIP County

OFFICE USE ONLY—EVENT INFORMATION:

Name: _____ Date: _____

of Hours Volunteered: _____



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Fill in the appropriate section below, based on the program you are volunteering with.

MARSHFIELD AREA COALITION FOR YOUTH

As a volunteer for this organization, which community sector do you represent or which community role do you identify with?

- Business Civic and Volunteer Groups Health Care Organizations
- Law Enforcement Media Parents Religious or Fraternal Organization
- Schools State, Local, and Tribal Agencies Youth
- Youth Serving Organization Other (specify): _____

YOUTH NET

Volunteer Address: _____

Guardian Name/Emergency Contact: _____

Phone (primary): (____) ____ - _____

(secondary): (____) ____ - _____

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