



Volunteer Registration

Contact Information

Name: _____ Starting Date at RLS: _____
Address: _____ City: _____ Zip: _____
Home #: _____ Cell #: _____ Email Address: _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone #: _____
Name: _____ Relationship: _____ Phone #: _____
Spouse's Name: _____ Cell #: _____
Family Members: _____

Demographics (optional-used for grant applications)

Date of Birth: ___/___/___ Gender: Male Female
Race/Ethnicity: African-American Asian-American Caucasian Hispanic Other

Miscellaneous

Do you have any physical/medical limitations of which we should be aware? (We will make every effort to accommodate your needs.) _____

What Special Interests/Hobbies or Skills would you like to share? _____

How did you learn about the Real Life Store? _____

List any community organizations, congregations or other organizations to which you belong: _____

Availability

9:45am-1:00pm: ___Tue ___Wed ___Thu ___Fri ___Sat

12:45pm-4:00pm: ___Tue ___Wed ___Thu ___Fri ___Sat

Frequency: ___Weekly ___Bi-Weekly ___Monthly

Please complete this form and the waiver and return (mail, fax, or email) to:

Address:
Real Life Center
Attn: Vicki Troyer
220 Parkade Ct Ste A
Peachtree City, GA 30269

Fax #:
770-632-1646

Email Address:
vtroyer@reallifecenter.org