



Side by Side

St. Andrew's Presbyterian Church Side by Side Volunteer Information Form

Volunteer Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Cell: _____

Special Diet or Allergies: _____

Communication

- Languages spoken: English Other _____

Notes _____

Area interested in volunteering in (check as many as apply)

- Companion to participants
- Exercise leader
- Brain Gym Leader
- Worship/Bible study
- Lunch
- Baking Muffins or Cookies
- Greeting and Coat check
- Set up and Clean up
- Crafts
- Shepherd (assuring that participants don't wander off)
- General assistance where needed
- Music Leader (play piano, or lead singing)
- Photographer
- Other _____

Personal Information

Past Occupations or Volunteer Activities _____

Why do you wish to volunteer? _____

Recreational Interests

Sports _____

Around the house _____

Hobbies _____

Games _____

Arts and Crafts _____

Music _____

Emergency Contact

Name _____ Phone _____

Date Form Completed _____

February 2016