



Do-All, Inc
Volunteer Information Sheet

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____ Day/Time Available: _____

Referring Agency: _____

In care of Emergency Notify: Name: _____

Phone: _____

Previous experience with persons with disabilities: _____

In what capacity would you like to volunteer: _____

Why did you choose Do-All, Inc. as a volunteer agency? _____

Special interested or experience to bring to this position: _____

Do you have any restrictions? _____

All information obtained at Do-All, Inc regarding persons with disabilities will be kept in strict confidence.

Volunteer Signature: _____ Date: _____

Interviewer Signature: _____ Date: _____

**Guardians signature required for voluntee4rs under 18 years of age.*

Do-All, Inc. • 1400 S. Lincoln Ave • Bay City, MI 48708 • Phone: 989.894.2851 • Fax: 989.894.4552

www.doallinc.org