



MEN & WOMEN OF CHARACTER, ORG.
WE PUT OUR HEARTS IN EVERYTHING
WE DO

Men & Women of Character Volunteer Sign-Up Form

Personal Information:

1. Full Name: _____
2. Date of Birth: ____/____/____
3. Gender: Male Female
4. Address: _____
5. Phone Number: _____
6. Email Address: _____

Emergency Contact Information:

1. Full Name: _____
2. Relationship: _____
3. Phone Number: _____
4. Email Address: _____

Volunteer Information:

1. Areas of Interest (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Mentorship | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Other (please specify):
_____ |
| <input type="checkbox"/> Fundraising | |
| <input type="checkbox"/> Administrative Support | |

2. Availability (Check all that apply):

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> Mornings |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Evenings | |

3. Why do you want to volunteer with Men & Women of Character? _____

4. Do you have any relevant experience or skills? Please describe:

Background Information:

1. Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

2. Are you willing to undergo a background check? Yes No

Additional Information:

1. How did you hear about us? _____
2. Any other information you would like to share: _____

Signature:

1. I certify that the information provided is true and accurate to the best of my knowledge.

Signature: _____

Date: _____