
REBOOT PHILADELPHIA VOLUNTEER INFORMATION FORM

Consider this your first volunteer assignment.

PERSONAL INFORMATION

Name

Date

Address

City

State

Zip

Work Phone

Home Phone

FAX

E-mail

Employer/School

Occupation/Field of Study

May we leave a message at work?

Date of Birth

Emergency Contact:

It is important that all individuals leave an emergency contact in the event of injury during ones volunteer shift.

Name

Phone:

How did you hear about REBOOT?

Work and life experience, beginning with current situation (feel free to attach additional information)

What volunteer opportunities interest you? (Select all that apply)

Are you fluent in a language other than English?

SKILLS

Please select the skills that you would like to share with Reboot Philadelphia:

In which of the following computer programs are you proficient? (Select all that apply)

OPTIONAL INFORMATION

It is important to Reboot to have diversity within its volunteer program. Please assist us by completing this optional portion:

Please tell us how you identify yourself:

Gender

Race/Ethnicity

AVAILABILITY

Please place a check mark in each time period for which you are available.

	Monday	Tuesday	Wednesday	Thursday	Saturday
Afternoon 12:30 - 5:30					
Evening I 6:30 - 8:30					Closed
Evening II 8:00 - 9:30					Closed

I am available on short notice for emergencies.

If your schedule changes regularly, please tell us when to check back with you for changes in availability.

You may save this completed document and email it as an attachment to sthaw@rebootphilly.org or print the completed application and mail to: Reboot Philadelphia, 1315 Spruce Street, Philadelphia, PA 19107.