



Date: _____

Thank you very much for your interest in volunteering at Room to Grow! Please fill out this form so we can best accommodate you.

Name, Date of Birth: _____

Address: _____

Phone: _____

Email: _____

What is the best way to reach you? Phone ___ Email ___

How did you learn about Room to Grow?

___ Through NY Cares

___ Through my employer or school

___ I have donated baby items

___ Word of mouth

___ Other, please specify: _____

Why would you like to volunteer with us? _____

Tell me a little bit about yourself. _____

List or describe past volunteer experience and name of organization, if any: _____

What volunteer opportunities would you be interested in? (Check all that apply)

___ Daytime inventory (organizing and sorting donations)

___ Special inventory projects (i.e. Seasonal Switch, corporate group volunteer sessions)

___ Collection Drives (organization a collection drive of children's items in your area/school/building)

___ Special Projects (handing out donation cards, research, one time events)

Availability: Please indicate hours of availability between 9:30am-5pm.

Tuesday: _____

Friday: _____

Wednesday: _____

Saturday: (special projects only) _____

Thursday: _____

Would you be willing to commit to a weekly schedule? _____