



Volunteer Registration

Contact Information

Name: _____ Starting Date at RLS: _____

Address: _____ City: _____ Zip: _____

Home #: _____ Cell #: _____ Email Address: _____

Emergency Contact Information

Name: _____ Relationship: _____ Phone #s: _____

Name: _____ Relationship: _____ Phone #s: _____

Spouse's Name: _____ Cell #: _____

Family Members: _____

Demographics (optional-used for grant applications)

Date of Birth: ___/___/___ Gender: ___Male ___Female

Race/Ethnicity: ___African-American ___Asian-American ___Caucasian ___Hispanic ___Other

Miscellaneous

Do you have any physical/medical limitations of which we should be aware? (We will make every effort to accommodate your needs.) _____

What Special Interests/Hobbies or Skills would you like to share? _____

How did you learn about the Real Life Store? _____

List any community organizations, congregations or other organizations to which you belong: _____

Availability

9:45am-1:00pm: ___Mon ___Tue ___Wed ___Thu ___Fri ___Sat

12:45pm-4:00pm: ___Mon ___Tue ___Wed ___Thu ___Fri ___Sat

Frequency: ___Weekly ___Bi-Weekly ___Monthly

Please complete information above and return (mail, fax, or email) to:

Address:

Real Life Store
Attn: Dana Eisfelder
P.O. Box 724
Tyrone, GA 30290

Fax #:

770-632-1646

Email Address:

deisfelder@reallifecenter.org