

## Volunteer Summary Page

### Volunteer Information:

PLEASE PRINT

Last Name, First Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Badge Expiration: \_\_\_\_\_

DOB: \_\_\_\_\_

Last PPD/Tuberculosis (TB) Screening: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Next of Kin home phone: \_\_\_\_\_

Next of Kin cell phone: \_\_\_\_\_

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Voluntary Service Staff Section:

### Assignment Information:

Schedule: \_\_\_\_\_

Assignment Location: \_\_\_\_\_

Assignment Description: \_\_\_\_\_

\_\_\_\_\_

Assignment Supervisor: \_\_\_\_\_

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Items in Volunteer Training packet:

Summary Page / Application / Privacy Training / Annual Volunteer Check List