



Volunteer Registration Form

Thank you for your interest in volunteering with United Way of Forsyth County. Our mission is to improve lives in our community by mobilizing the caring power and spirit of our citizens!

To volunteer, please complete the form and return it to andrea@unitedwayforsyth.com

VOLUNTEER INFORMATION (please print)

NAME: _____ GENDER: M F
MAILING ADDRESS: _____ APT#: _____
CITY: _____ GA: _____ ZIP: _____
PHONE NUMBER: _____ HOME CELL
EMAIL ADDRESS: _____ AGE (if under 18): _____

AVAILABILITY:

Please list the days and times you are available _____

INTERESTS: _____

VOLUNTEER EXPERIENCE/SPECIAL SKILLS/CERTIFICATIONS:
