

Volunteer Intake Form

First Name: _____ Initial: ____ Last Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Home Tel: _____ Work Tel: _____ Cell: _____

Email Address: _____

Knowledge/Experience in the following Computer Software:

Microsoft: Word, Excel, PowerPoint, Publisher, Access, FrontPage, Other software: _____

Other Training, Experience or Volunteer Work: _____

Do you speak any other language besides English? _____

If yes, can you translate written text between these languages? Yes No

Any comments on language translation: _____

How did you hear of Renal Support Network: _____

VOLUNTEER NEEDS: Please check as many of the following categories that interest you:

At our office (Glendale, CA)

- Filing
- Data Entry
- Proof Reading
- Mailing Preparation
- Copy typing

At your Home:

- Making Telephone Calls
- Data Entry
- Proof Reading
- Moderate Bulletin Board
i.e. KidneySpace.com

At Regional Meetings/Events:

- General on-site support
- Bag/Envelope Stuffing
- A/V Tech Support
- Meet & Greet
- Registration Desk Assistance
- Driver/Transportation

Other suggestions for ways that you may be of assistance: _____

AVAILABILITY: Please indicate times and the amount of time that you are available to volunteer: _____

CONFIDENTIALITY AGREEMENT: I am volunteering my time to Renal Support Network. I understand that in the course of my work, I may learn certain information about individual members or participants. All information regarding clients and patients is extremely confidential. This includes their relationship with our organization. Examples of such information would be client addresses, phone numbers, medical condition, etc.

I will keep all information, and personal matters strictly confidential and to protect the confidentiality of all participants of Renal Support Network.

Signature: _____ Date: _____

When completed please return to the address below ~ Thank you