

**VOLUNTEER REGISTRATION FORM**  
**Adult and Youth Volunteer**  
**111 East Kemp Avenue Watertown, SD 57201**  
**Phone: (605) 886-5270 Fax: (605) 886-2275**

Name \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Medical conditions or special needs \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

How did you hear about the Volunteer Center? \_\_\_\_\_

Reasons for volunteering?  Personal  School  Church  Court-Ordered

When are you able to volunteer?  Daytime  Evening  Weekday  Weekend

Do you have transportation?  Yes  No

Please mark the five top issues you are interested in working with:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Make A Difference Day         | <input type="checkbox"/> Sports                     | <input type="checkbox"/> Daffodil Days         |
| <input type="checkbox"/> Relay for Life                | <input type="checkbox"/> Special Olympics           | <input type="checkbox"/> Farm Show             |
| <input type="checkbox"/> National Youth Service Day    | <input type="checkbox"/> Children's Miracle Network | <input type="checkbox"/> Disaster Response     |
| <input type="checkbox"/> Fundraisers                   | <input type="checkbox"/> Habitat for Humanity       | <input type="checkbox"/> Computer              |
| <input type="checkbox"/> Office Work                   | <input type="checkbox"/> Hospital                   | <input type="checkbox"/> Sewing                |
| <input type="checkbox"/> Deliver posters/Table Tents   | <input type="checkbox"/> Outdoor Projects           | <input type="checkbox"/> Humane Society        |
| <input type="checkbox"/> Gardening                     | <input type="checkbox"/> Painting/Carpentry         | <input type="checkbox"/> Education (ex: HOSTS) |
| <input type="checkbox"/> Human Service Agency          | <input type="checkbox"/> Library                    | <input type="checkbox"/> Arts/Culture          |
| <input type="checkbox"/> Nursing Homes/Assisted Living |   | <input type="checkbox"/> Other _____           |

Special Training or Licensures \_\_\_\_\_

Please specify the age group you are interested in working with:

Children  Teens  Adult  Elderly

In case of emergency, contact: \_\_\_\_\_

By submitting this form, I authorize the Watertown Volunteer Center to use and reveal the information provided on this form as the basis for my referral to an appropriate organization registered with the Volunteer Center.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature required for under 18 \_\_\_\_\_

Office use only: Date entered \_\_\_\_\_ date updated \_\_\_\_\_