

## **VOLUNTEER INFORMATION SHEET**

Name:	Phone No. ()
Address:	
If you are under the age of 18, please state age _	
Have you ever volunteered with COI before?	Yes No
What foreign languages are you fluent in?	
Please list special interests (crafts, hobbies, etc.)	)
2.)	Excel Microsoft Access Publisher  Chronological Filing
	If yes, please give details
Volunteer Signature:	Date:
Assigned Supervisor:	Volunteer Position Title:
Supervisor's Signature:	Effective Date:
RETURN COMPLETED FORM TO:	

HUMAN RESOURCES DEPARTMENT CHAUTAUQUA OPPORTUNITIES INC. 17 WEST COURTNEY STREET DUNKIRK, NY 14048