



Volunteer Form

Name: \_\_\_\_\_

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

\_\_\_\_\_

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

Tell us about yourself: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How much time do you have to volunteer: \_\_\_\_\_

Reasons for Volunteering: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Committees I would like to help:

Food/Entertainment

Fundraising

Marketing

Christmas/Holiday

Community

I have the following skills to offer:

Data Entry

Graphic Art

Free Hand Painting

Decorating

Editing

Typing

Writing

I would like to receive information about MSB upcoming events and meetings

Yes

No



Volunteer Form (continued)

- ❖ I give permission to MSB to perform a CORI background check. I understand that this is for the safety of organization members, volunteers and children. \_\_\_\_\_
  
- ❖ I understand MSB has a strict confidentiality agreement with their clients. The privacy of these families and their personal situations is a MSB top priority. I am volunteering my time to work with families and children who have passed a strict MSB interview process. I understand as a volunteer for MSB I may have access to MSB confidential information and vow to keep this information confidential. I will not share any names or confidential information with anyone, including my family members. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\*For purposes of this document MSB represents Making Spirits Bright, Inc.