



City of Waterbury Volunteer Intake Form

Mr. Mrs. Ms. Name: _____ Age: _____

Email: _____ Phone: _____ Cell Home Work (Please Circle)

Emergency Contact: _____ Relationship: _____

Emergency Phone: _____

Occupation: _____ Employer: _____

Business Address: _____ City: _____ State: _____ Zip: _____

If you have any health limitations, please explain: _____

Are you currently affiliated with a disaster relief agency? If yes, name of agency: _____

SKILLS

MEDICAL

If Licensed:

Type _____

License # _____

ACTIVE RETIRED

Specialty (If any) _____

CLERICAL

- Filing
- Data Entry
- Receptionist

GENERAL LABOR

- Capable of lifting 40 lbs or more
- Fork lift operator

LANGUAGE

- Spanish
- Portugese
- Albanian