

# MAC HOME VOLUNTEER INFORMATION FORM

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Thank you for your interest in volunteering at the MAC Home, 407 West Main Street, Merrill, WI. Please complete the Volunteer Information Form and return to MACHomeMerrillWI@gmail.com

Full Name \_\_\_\_\_

Address/City/State/ Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_

Email \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_\_\_

Notes on availability or preferred times and preferred activities:

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Signature of Volunteer \_\_\_\_\_

FOR OFFICE USE ONLY

\_\_ BACKGROUND REVIEW: Date: \_\_\_/\_\_\_/\_\_\_ TIME: \_\_\_\_\_

RESULTS: \_\_\_\_\_ STAFF: \_\_\_\_\_

\_\_ AVAILABILITY \_\_ STATEMENT OF CONFIDENTIALITY \_\_ TRAINING COMPLETED: DATE: \_\_\_/\_\_\_/\_\_\_ STAFFSIGNATURE: \_\_\_\_\_