

Adult (18 years & older) Volunteer Information Completed by all volunteers 18 years of age and older.

Name:					
Mailing Address:					
Phone: Day ()) Best Time to Call:				
Phone: Evening ()	Be	st Time to C	all:	
Gender: □ Male □ I	emale l	Birth Date:	/	/	_
What is your race/eth with which you prima			e box that de	escribes the race	e/ethnicity category
☐ Hispanic or Latin American, or other	•				, South or Central
☐ White: a person ha North Africa.	aving origin	s in any of the o	original peop	les of Europe, th	ne Middle East, or
☐ Black or African A	American:	a person having	g origins in a	ny of the black r	acial groups of
☐ Asian: a person ha or the Indian subco Malaysia, Pakistan,	ntinent inclu	uding, for examլ	ole, Cambod	ia, China, India,	
☐ Native Hawaiian o peoples of Hawaii,			•	0 0	ny of the original
□ American Indian of North and South Ar community attachm	nerica (inclu				
☐ Two or More Race race/ethnicity categ		n who primarily	identifies wit	th two or more o	f the above
Guest Reader:	□ Yes –	- Answer #1-4 (only 🗆 l	No – Complete	entire form

 Are you a family member of an Energy Express child? If yes, what is your relationship? Parent Brother or sister Grandparent Other family member Are you a National Service participant? If yes, what group do you represent? Foster Grandparent RSVP AmeriCorps VISTA When were you born? 	degree-sexample secondar program	an you help? Check all	
□ After 2002 □ 1984-2002 □ 1965-1983 □ Before 1964 ***********************************	□ Other: □ Whate	ver is needed	
□ Morning □ Afternoon □ Evening □ Any or	` '	•	
□ Monday □ Tuesday □ Wednesday □ Thursd	ay □ Friday □ S	aturday □ Sunday	
or Specific Dates Specif			
All volunteers are subject to the West Virginia Univwill be valid for 3 years and must be completed bef # If you require disability-related accommodate Express, please contact Jill Hess, ADA Cocand Inclusion, at 304-293-5600.	ore serving. ions in order to pa	articipate in Energy	
 All accommodation requests should be mad accommodation process may take time to c 		ce as possible, as the	
Emergency Contact Information Individual(s) to be n 1.	otified in case of e	mergency	
Name Relationship 2.		Phone	
Name Relationship		Phone	
Signature:	Date:		