TROSA Group Volunteer Form

Thank you for your interest in volunteering at TROSA. Please take a moment to answer the following questions to help us determine how we can best utilize your assistance and accommodate your interests.

Name

Last    First

Address

Street    City

Telephone    FAX    Email    Web Site

Organization Name    Size of Group

Volunteer Availability

Would you prefer to volunteer:

☐ Weekly    ☐ Monthly    ☐ Seasonally    ☐ On Occasion    ☐ Other (Please List) _________________

Please list the days and times you would be available:

Volunteer Preferences and Skills

Please list which department you would like to volunteer with

☐ Educational/Tutoring    ☐ Medical    ☐ Thrift Store

Please list any specialized skills or training that you may have:

Please tell us how you would like to get involved:

Email the completed form to emclawhorn@trosainc.org

TROSA use only

Department assigned:    Authorized by:    Date:

☐ logged