



DISTRICT COMMITTEE VOLUNTEER INFORMATION

Volunteer Information

| | | |
|----------------------|-------------|---------------------------|
| Name _____ | | Date _____ |
| Preferred Name _____ | | I-CAR ID (optional) _____ |
| E-mail Address _____ | | |
| Street Address _____ | | () Phone _____ |
| City _____ | State _____ | Zip Code _____ |

Employer Information

| | | |
|----------------------|-----------------------------------|-----------------------------|
| Employer _____ | | () Work Phone _____ |
| Street Address _____ | | () Fax _____ |
| City _____ | State _____ | Zip Code _____ |
| Position Title _____ | Years With Current Employer _____ | |

Emergency Contact Information

| | |
|------------|------------------------|
| Name _____ | () Phone _____ |
|------------|------------------------|

Volunteer Information

Are you a new I-CAR Volunteer? Yes No

If yes, please answer questions 1-6 below.

If the answer is no, when did you begin volunteering with I-CAR? _____ (MM/YY) Please skip the following questions.

- 1) Were you referred to I-CAR and/or an I-CAR committee by someone? If so, who? _____
- 2) Have you held a leadership role in a volunteer organization before? _____
- 3) What can you contribute to an I-CAR committee? _____
- 4) Why is it important to you to volunteer your time to I-CAR? _____
- 5) Have you taken I-CAR training in the past? _____
- 6) Have you registered for volunteer orientation? Yes No Don't Know

**(PLEASE COMPLETE FOR LOCAL DISTRICT COMMITTEE
RECORDS AND FAX TO 800.329.4227.)**