

Kadena Gift Corner

Volunteer Information Form

Name: _____ DEROS: _____

Mailing Address: _____

Street Address: _____

Email: _____

Home Phone: _____

Birthday (Month & Day): _____ Spouse's Name/Rank: _____

Emergency Contact Information:

Contact Name: _____ Contact Relation: _____

Contact Phone: _____

Alternate Name: _____ Alternate Phone: _____

Are you a member of the Kadena Officer Spouse's Club? _____

Are you a volunteer at another on-island Gift Shop? _____

If yes, which location(s)? _____ How long? _____

Please indicate which day(s) you are available to volunteer:

- Tuesday 10:00 am – 2:00 pm
- Tuesday 2:00 pm – 5:00 pm
- Wednesday 10:00 am – 2:00 pm
- Friday 10:00 am – 2:00 pm
- Saturday 10:00 am – 2:00 pm

When are you available to start? _____

Would you like assistance with childcare? _____

Would you be interested in having your name on a Babysitting Co-Op list? _____

Would it be okay to use your picture in advertising or on our website? _____

Would you be interested in being on a last minute on-call list? _____

Date: _____ Signature: _____