



# VOLUNTEER REGISTRATION

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
PHONE \_\_\_\_\_ CELL \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
VETERAN YES \_\_\_\_\_ NO \_\_\_\_\_

## AREAS OF INTEREST:

CARPENTRY \_\_\_\_\_  
DEVELOPMENT \_\_\_\_\_  
GROUNDS \_\_\_\_\_  
GUIDE \_\_\_\_\_  
HOUSEKEEPING \_\_\_\_\_  
KITCHEN \_\_\_\_\_  
OFFICE \_\_\_\_\_  
SHOWS \_\_\_\_\_  
TECHNOLOGY \_\_\_\_\_

HOBBIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TRAINING OR CERTIFICATIONS

Confidentiality: Volunteers are responsible for maintaining the confidentiality of information relating to a staff person, volunteer, client, or other person or program business. Failure to maintain confidentiality may result in termination of the volunteer's relationship with the agency or other corrective action. Violations of this policy also may result in a personal liability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:

Or email to:

**House in the Woods**  
**Attn: Diane Freelove**  
**217 Skunk Hill Road**  
**Lee, ME 04455**  
**207-738-VETS (8387)**

**[info@houseinthewoods.org](mailto:info@houseinthewoods.org)**