



VOLUNTEER INFORMATION FORM

Thank you very much for volunteering with Summit County Children Services.

DATE _____

NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

E-MAIL ADDRESS _____

PRIMARY PHONE _____

ALTERNATE PHONE _____

OCCUPATION _____

EMPLOYER _____

or

SCHOOL YOU ATTEND/Grade _____

EMERGENCY CONTACT INFORMATION

NAME _____

RELATIONSHIP _____

PHONE _____

SKILLS, INTERESTS, OTHER COMMENTS

Please return this form to:
Summit County Children Services
Community Relations Department
264 S. Arlington Street, Akron, OH 44306

If you have questions, please call us at (330) 379-1994.

Thank you very much.

