

VOLUNTEER INFORMATION

Name _____ Phone _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Email: _____ Birthday (optional) ____/____/____

Current (or previous) Occupation _____

♥ I am interested in helping with the following activities:

_____ Office (data entry, phones, mailings) _____ Assisting at special events

_____ Speaking to groups _____ Website Management/Graphic Design

_____ Photographer _____ Participating in a committee to plan activities/events

_____ Staffing information booths at Health fairs _____ Other _____

♥ Are you a heart attack/cardiac arrest/stroke survivor? __ Yes __ No
If yes, would you be interested in sharing your story? __ Yes __ No

♥ Which of our programs most interests you?

__ Go Red for Women __ Heart Walk __ Advocacy

__ Health Education __ Children's Initiatives (Jump Rope/Hoops for Heart)

__ Heart Ball __ Hospital QI __ CPR Education

♥ Why would you like to volunteer?

♥ Tell us a little about you!

If Participant is a minor, parent or guardian must sign below:

I am the legal guardian of Participant, and I hereby consent to his/her participation in volunteering for the American Heart Association.

Parent/Guardian's Signature: _____

Printed Name: _____ Phone number: _____

Date: _____

Return to: margaret.schmidt@heart.org