

Daughters Helper's Information

Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Phone h/ _____ c/ _____

email/ _____

Family members interested in helping (spouse, children)

Emergency Contact name _____

phone # _____

Special skills that could be useful

Other ways I can help (from home, with church group, etc.)

Would you like to receive a email or text when help is needed? Yes _____ No _____

Have you been Virtus trained? Yes _____ No _____

If yes, are you up to date on bulletins? Yes _____ No _____

If no, would you be willing to get certified? Yes _____ No _____

Preferred Day to volunteer

Check as many as apply

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Every week
- Every other week
- Once per month
- On call when needed

Preferred Time to volunteer

Check as many as apply

- 10am to _____
- 11am to _____
- 12pm to _____
- 1pm to _____
- 2pm to _____
- 3pm to _____
- Other _____