

Daughters Helper's Information

Name _____

Address _____

Phone h/ _____ c/ _____

email/ _____

Family members interested in helping (spouse, children)

Emergency Contact _____

phone # _____

Special skills that could be useful

Other ways I can help (gifts-in-kind)

Would you like to receive a 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
- 2nd Saturday of each month—10-2
- 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 _____