

AIM Volunteer Info

Name _____

Home Phone _____ Email Address _____

Mailing Address _____ Zip _____

PPD Date _____ Orientation Date _____

If you are volunteering for a class credit please indicate course title _____

Have you volunteered at Shands before? _____ with A.I.M. before? _____

Specialty (area of interest) _____

What can AIM give back to you? _____

Is there anything else you would like us to know? _____

AIM Schedule

Day & Time	Unit/Workshop	Clock-In Under	Contact

I understand that I am committed to the above schedule and that I may only volunteer outside of my schedule to make up absences or to participate in special event activities.

Volunteer: _____ Date: _____

Volunteer Coordinator: _____ Date: _____