



Volunteer Registration Form

Prefer to complete this form online? Create an account at <https://account.intellichoice.org>.

Fields marked with an asterisk (*) are required.

Basic Information

First Name *

Last Name *

Email Address *

Grade [6-12] or Graduated *

Employer/School *

Birth Date *

Gender *

Male Female

Month

Day

Year

About You (Bio)

Briefly tell us about you. What experience do you have? Why volunteer with IntelliChoice?

Contact Information

We'll use the information below to keep you up-to-date with your branch's progress.

Primary Phone Number *

Secondary Phone Number

()

()

Mailing Address

City

State

Zip Code

IMPORTANT

You will receive an email confirmation before the next session.

Please complete your account and verify your information online after receiving email confirmation.

Volunteer Signature *(parent/guardian if under 18)*

Date

For Manager Use Only

Branch

Academic Term

Form Revised June 2017