



Burlington Breakfast Rotary Club Technology Assistance Initiative

Student Volunteer Information

Date _____ Agent/Representative Name _____

Name _____ School _____

Client Information

Home Phone _____ Cell Phone _____ Email Address _____

Address _____

City _____ State. _____ ZIP Code _____

Hours Available _____

Age _____ Gender _____

Emergency Contact info _____

it is critical to keep all information
confidential. This confidentiality covers all
aspects of my work with BBRC

I promise not to reveal any personal facts
about our community member.

Signature _____



Burlington Breakfast Rotary Club Technology Assistance Initiative
