



HOLOCAUST DOCUMENTATION AND EDUCATION CENTER, INC.
303 North Federal Highway, Dania Beach, Florida 33004
Office: 954-929-5690 E-mail: assistant@hdec.org

VOLUNTEER INFORMATION FORM

Date: _____

Name: _____

Address: _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____ Birthday: _____

Emergency Contact: _____ Phone: _____

I wish to volunteer for:

- Transcribing Audit/Editing Proofreading Interviewing
 Student Awareness Days Library General Office Work

Day(s) of the week you wish to volunteer: _____

Time of day: (a.m.) from _____ to _____ (p.m.) from _____ to _____

How did you hear out about our volunteer opportunities? _____

Are you fluent in any language beside English? _____

- Reading Writing Speaking

Students: Name of School _____ Grade Level _____

Miscellaneous Information _____

A member of the staff will contact you and schedule your time.