

Volunteer Information Form

Name:	Telephone #:
Address:	E-mail Address:
Emergency Contact Name:	Emergency Contact Telephone #:
Availability: <input type="checkbox"/> Short Term <input type="checkbox"/> Long Term <input type="checkbox"/> Special Projects Dates Available: _____ # Hours Available _____ per: <input type="checkbox"/> Week <input type="checkbox"/> Month Preferred Schedule: <input type="checkbox"/> Mondays <input type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays <input type="checkbox"/> Fridays <input type="checkbox"/> Weekends Only <input type="checkbox"/> No preference Times of Day: <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> No preference	
Volunteer Interests: (mark all that apply) <i>Direct services(working with):</i> <input type="checkbox"/> Children <input type="checkbox"/> Teens <input type="checkbox"/> Seniors <input type="checkbox"/> No preference <i>Indirect services:</i> <input type="checkbox"/> Admin Support <input type="checkbox"/> Event Planning <input type="checkbox"/> Social Media <input type="checkbox"/> Photography <input type="checkbox"/> Video Production <input type="checkbox"/> Other, explain:	
How did you hear about CAC?	
Why do you want to volunteer at CAC?	
Signature:	Date: