



A PRIVATE NONPROFIT

Community
Action
Commission
OF SANTA BARBARA COUNTY

Volunteer Information Form

Name:	Telephone #:
Address:	E-mail Address:
Emergency Contact name:	Emergency Contact Telephone #:

Availability:

Short Term Long Term Special Projects

Dates Available: _____

Number of Hours Available: _____ Per: Week Month

Preferred Schedule: Monday Tuesday Wednesday Thursday Friday
 Weekends Only No Preference

Times of Day: Mornings Afternoons No Preference

Volunteer Interests: (mark all that apply)

Direct services (working with): Children Teens Seniors No preference

Indirect services:

Admin Support Event Planning Social Media Photography Video Production

Drivers Home Delivery Meals Entertainment Congregate Meal Site

Volunteer Committee Other, Explain: _____

How did you hear about CAC? _____

Why do you want to volunteer at CAC? _____

Signature: _____

Date: _____