



## Community Agency for Resources Advocacy & Services

### Volunteer Form

#### Forms of Identification

Office Use Only

Other forms of ID ☐

Copy of Social Security ☐

Copy of Drivers License ☐

#### Personal Information

Name \_\_\_\_\_ email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_

#### Current School

Information \_\_\_\_\_

Is the Volunteer Registered in School? Yes [ ☐ ] No [ ☐ ]

School Name \_\_\_\_\_ Phone \_\_\_\_\_

#### Appointment

Availability \_\_\_\_\_

I am available:

Days : Yes [ ☐ ] No [ ☐ ] Mornings: Yes [ ☐ ] No [ ☐ ] Evenings [ ☐ ]

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

#### Type of Community Service

☐ Event ☐ Office ☐ Other ☐ Program