



Volunteer Form

Name _____

Address _____

Tel. No. _____ E-mail _____

Work Schedule:

Preferred day: Mon. – Sat. 1. _____ 2. _____ Preferred time: 10-1 _____ 1– 4 _____

Frequency of work: Once a week _____ Every other week _____ Once a month _____

Prefer to be an alternate _____