



## Volunteer Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Tel. No. \_\_\_\_\_ E-mail \_\_\_\_\_

Work Schedule:

Preferred day: Mon. – Sat. 1. \_\_\_\_\_ 2. \_\_\_\_\_ Prefer to be an alternate \_\_\_\_\_

Preferred time: 10 am -1 pm \_\_\_\_\_ 1 pm – 4 pm \_\_\_\_\_

Frequency of work: Once a week \_\_\_\_\_ Every other week \_\_\_\_\_ Once a month \_\_\_\_\_