



## Volunteer Registration

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

County \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

email \_\_\_\_\_

Are you a licensed foster parent?

Yes

No

Case worker's name: \_\_\_\_\_

Are you willing to complete a background check?

Yes

No

Areas willing to volunteer: (please check all that apply)

\_\_\_\_\_ Clothing Closet upkeep

\_\_\_\_\_ Office volunteer

\_\_\_\_\_ Student mentor

\_\_\_\_\_ Resource library

\_\_\_\_\_ Hope Chest food distribution (once a month)

Fundraising events:

\_\_\_\_\_ Event planning

\_\_\_\_\_ Mailing invitations/thank yous

\_\_\_\_\_ Decorating

\_\_\_\_\_ Clean up

\_\_\_\_\_ Selling tickets

\_\_\_\_\_ Advertising

\_\_\_\_\_ Serving as greeter

\_\_\_\_\_ Deliveries/Pick up (when silent auction donations are made)

Please list any skills you feel would be beneficial to the CMFCAA and their families:  
(i.e. organizing, musical abilities, administrative, cooking, art, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_