

Chester-Andover Family Center Volunteer Application

Last Name _____ First Name _____ Date _____

Street Address _____ Town _____ State _____

Mailing Address (if different) _____

Telephone Home _____ Cell _____

E-mail _____ Birthday: Month _____ Day _____

Allergies or Medical Concerns we should be aware of:

In Case of Emergency Call

_____ @ Phone _____

_____ @ Phone _____

The above information will be made available only in an Emergency Situation.

Please tell us a little about yourself

- What inspired you to volunteer at CAFC?

- Your interests, skills, and/or previous experience?

- What aspects of CAFC interest you?
 - Food Shelf
 - Thrift Shop
 - Building Committee
 - Grant Writing
 - Other

- When are you available to volunteer?