

2009 VOLUNTEER APPLICATION

PILOT PROJECT

THIS APPLICATION IS FOR ALL VOLUNTEERS (NEW OR RETURNING).

PLEASE COMPLETE THE FOLLOWING INFORMATION & PLACE A CHECKMARK NEXT TO YOUR AREA(S) OF INTEREST.

Name:		Date:		New Volunteer	<input type="checkbox"/>
				Returning Volunteer	<input type="checkbox"/>
Phone (Day):		Phone (Eve):			
Address:		City:		AZ	Zip Code
E-mail:		Employer/ Organization			

Languages:

Are you Bilingual? YES NO

Language: _____

What Saturdays are you available to volunteer? Select all that apply.

- Jan 30 Feb 6 Feb 13 Feb 20 Feb 27 Mar 6
 Mar 13 Mar 20 Mar 27 Apr 3 Apr 10

What times are you available? Select all that apply.

- 9am- 12:30pm 12:30pm- 4pm Other (between 9am-4pm) _____

SIGN UP TODAY TO HELP FAMILIES RECEIVE THE HELP THEY NEED!

Mail, fax, or e-mail your completed application to:

The City of Phoenix
200 W. Washington St., 17th Floor
Phoenix, AZ 85003-1611
Phone: 602-261-8806

Fax: 602-534-2092 or email: gila.aispuro@phoenix.gov