



SHORT-TERM VOLUNTEER REGISTRATION FORM

Community Action is an EEO/AA/ADA organization.

PLEASE PRINT CLEARLY:

Name: _____ Ms. / Mr. / Other _____
 First Middle Last Salutation (optional)

Address: _____ Home Phone: _____
 Street/Apt City State Zipcode Work Phone: _____

Email Address: _____ Cell Phone: _____

Please note that if you wish to help on a regular basis or more than 20 hours total and age 18+, please complete the Ongoing Registration Form instead. Thank you!

Are you over the age of 18? Yes No

Need to fulfill community hours, if so how many, by what date and program? _____

PHOTOS: I am willing to submit photos for Community Action publications YES NO

Please note that a photo consent form must be completed by all in the photo, contact us for details.

GROUP INFORMATION: (if leading a group)

Name of Group/Company/Sponsoring Org.: _____

Name of Department: _____ Mail Code: _____

Assistant Leader's Name: _____ Home/Work Phone: _____

Assistant Leader Email Address: _____ Cell Phone: _____

_____	Total # of volunteers	_____	Total # hours
_____	# of adults (over age 18)		
_____	# of teens (age 16-17)		
_____	# of youth (age 13-15)	_____	# of youth (age 0-12) collection only

NOTE: Youth under the age of 18 **must** be accompanied by an adult at all times.

Are you willing to divide a large group into smaller work-teams? Yes No

We will strive to place you in close proximity, if possible

COLLECTION PROJECT & OTHER (year-round) Volunteers of **any age** can collect items or food!

_____ Blankets for Kids

_____ Books for Kids

_____ Car Safety Kit

_____ Coats/Boots for Kids

_____ Food for Kids

_____ Infant/Toddler Kit: (check box) Summer Winter

_____ New Mother Care Kit

_____ Pre-schooler Kit: (check box) Summer Winter

_____ Safe Baby Collection

Estimated date of delivery: _____

_____ Entertainer (specify talent) _____ (age 13+ w/adult)

Please continue to page two

HEAD START CENTER or FACILITIES (age 13+ w/adult)

_____ Clean the Bus at the St Paul - Ruth Benner location only (age 13+ w/adult)

_____ Playground/Clean-Up in St Paul: (specify site) Battle Creek Ruth Benner Main Office

Available Date(s) & Time Frame(s) Two hour minimum required. (Example: Friday, May 14, noon-4pm)

_____ Back Up Date: _____

Clean the Bus Details: Mid-June thru July 15 weekdays; or Fridays-only during the school-year.

Playground Details:

Playground clean-up/raking on Fridays only during school-year (Battle Creek & Ruth Benner)
Indoor & outdoor clean-up at our Main Office location year-round, Wednesdays preferred

Can you bring along your own supplies/tools? YES NO

If YES, write supplies/tools in last section. You must bring along your own gloves and rakes.

OUTDOOR SKILLS

___ Gardening (weeding, trim bushes, removing yard debris, adding mulch, etc.)

___ Landscaping (moving plants, installing hardscape, heavy duty tasks, etc.)

___ Painting _____ Yes, we could buy paint/brushes for the project (optional)

___ Raking/yard-cleanup (Spring: mid-April thru May; Autumn: mid-October thru November)

___ Wash exterior windows

INDOOR SKILLS (projects occasionally available year-round)

___ Cleaning (sweeping, moping, washing walls, etc)

___ Organizing (rooms, cabinets, closet, drawers, etc)

___ Painting _____ Yes, we could buy paint/brushes for the project (optional)

___ Wash interior windows

OTHER SKILLS, LANGUAGES, and TOOLS AVAILABLE (Ex: gardening or painting tools.)

How did you find out about volunteering at Community Action? _____

CERTIFICATION & SIGNATURE

I certify that all the information provided on this registration form is true, correct and complete. I understand that any misrepresentation or omission may be grounds for discharge from volunteering whenever discovered. I aware that all volunteer positions are unpaid.

Individual or Group Leader's Name (Please print): _____

Individual or Group Leader's Signature: _____

Date: _____

o Check this box if you do not want to receive the Community Action agency e-newsletter.

THANK YOU EVER SO MUCH!!

Please mail/fax/scan this form to:

Volunteer Specialist, 450 Syndicate Street N, Suite 35; St Paul, MN 55104

FAX: 651-603-5925 ATTN: Vol Spec EMAIL: volunteers@caprw.org

Direct Dial Phone: 651-603-5979