

HEAD START CENTER (age 13+ w/adult)

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

_____ Playground/Clean-Up in St Paul: (specify site) Battle Creek Frogtown Midway

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

Back Up Date: _____

Clean the Bus Details: (mid-June thru July weekdays; or Fridays-only during the school-year)

Playground Details: (mid-April to mid-May for spring; mid-October thru Nov for autumn)

Playground clean-up/raking Fridays preferred or Monday - Thursday late afternoon. Evenings or weekend may be an option. Must occur when children are not on the playground.

Note: Midway location has monthly clean-up opportunities available from May thru September

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.)

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.

Group Leader's Name (Please print): _____

Group Leader's Signature: _____

Date: _____

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

THANK YOU EVER SO MUCH!!

Please mail 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