

## 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?