



CAMERON PARK COMMUNITY SERVICES DISTRICT Volunteer Application

Information

Thank you for taking the time to fill out this application. We look forward to working with you and appreciate your generous offer of time and talent to share with our community. Please Type or Print Clearly. Applicants must be 13 years of age or older.

Name: _____
(Last) (First) (MI)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell/Work Phone: _____

E-Mail: _____ Date of Birth: _____ Age: _____
(mm/dd/yyyy)

Availability

During which hours are you available for volunteer assignments?

Monday: _____ am _____ pm Friday: _____ am _____ pm

Tuesday: _____ am _____ pm Saturday: _____ am _____ pm

Wednesday: _____ am _____ pm Sunday: _____ am _____ pm

Thursday: _____ am _____ pm

Areas of Interest

Tell us in which areas you are interested in volunteering.

Coaching: Specify sport _____

Special Event: Specify event(s) _____

I am a Returning Volunteer. Last year I volunteered for: _____

Name (Please Print): _____

Signature: _____

Date: _____

Parent/Guardian Signature: _____
(If Applicant is Under 18)

Date: _____