Volunteer Application – Long Island Chapter

Please complete the application below and email it to longisland@ccfa.org or fax it to: 516-222-5535

Contact Information	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Availability	
During which hours are you available for volunteer assignments?	
___ Weekday mornings	___ Weekend mornings
___ Weekday afternoons	___ Weekend afternoons
___ Weekday evenings	___ Weekend evenings
___ I am able to dedicate time on a regular basis ___Weekly ___Monthly	

Interests
Tell us in which areas you are interested in volunteering:
___ Administration: ___ Mailings ___ Computer Skills ___Phone Banking
___ Events: ___ Fundraising ___Organization ___ Day of Event Help
___ Support & Education: ___ Support Group Leadership Training ___ CCFA Ambassador ___ Day of Event Registration Staffing
___ Fundraising: ___ Fund solicitation for major gifts ____Foundations ___Corporations
___ Public Relations: ___Writing ___Phone Skills ____Tabling Events

Special Skills or Qualifications
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.