

Volunteer Application – Long Island Chapter

Please complete the application below and email it to longisland@ccfa.org

Contact Information	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
Email Address	

Availability	
During which hours are you available for volunteer assignments?	
<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings
<input type="checkbox"/> I can dedicate time on a regular basis <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	

Interests
Tell us in which areas you are interested in volunteering:
<input type="checkbox"/> Administration: <input type="checkbox"/> Mailings <input type="checkbox"/> Computer Skills <input type="checkbox"/> Phone Banking
<input type="checkbox"/> Events: <input type="checkbox"/> Fundraising <input type="checkbox"/> Organization <input type="checkbox"/> Day of Event Help
<input type="checkbox"/> Support & Education: <input type="checkbox"/> Support Group Leadership Training <input type="checkbox"/> <input type="checkbox"/> CCFA Ambassador
<input type="checkbox"/> Fundraising: <input type="checkbox"/> Fund solicitation for major gifts <input type="checkbox"/> Foundations <input type="checkbox"/> Corporations
<input type="checkbox"/> Public Relations: <input type="checkbox"/> Writing <input type="checkbox"/> Phone Skills <input type="checkbox"/> 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.