

# SACFNA Volunteer Pool Form



## Contact Information

Name \_\_\_\_\_

Clean Date \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Email \_\_\_\_\_

## Availability

Do you have adequate and reliable transportation (Please Circle):      Yes      No

Check Box(es)	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Day							
Evening							

## Interests

Please, check the areas you are interested in volunteering:

- |   |   |
|---|---|
| <input type="checkbox"/> ASC Administrative           | <input type="checkbox"/> Activities, Events     |
| <input type="checkbox"/> Hospitals & Institutions     | <input type="checkbox"/> Phone Lines            |
| <input type="checkbox"/> Public Relations             | <input type="checkbox"/> Outreach               |
| <input type="checkbox"/> Sponsorship Behind the Walls | <input type="checkbox"/> Volunteer Coordination |

## Special Skills or Qualifications

Please, check the areas you can contribute in:

- |   |  |
|---|--|
| <input type="checkbox"/> Activities, Event Planning, Organizing | <input type="checkbox"/> Secretarial, Administrative |
| <input type="checkbox"/> Communications, Speech, Presentations  | <input type="checkbox"/> Chairperson, Facilitator    |
| <input type="checkbox"/> Accounting, Finance                    | <input type="checkbox"/> Web, Internet Technology    |
| <input type="checkbox"/> Multimedia, A/V Development            | <input type="checkbox"/> Literature, Writing Skills  |

**Please, feel free to elaborate on any special positions you may be interested in:**