



Volunteer Information Sheet

Name: _____ Email address: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Current Job/Position: _____

Age: Teen 18-30 30-55 55+

Experience (check all that apply):

- Accounting Clerical Marketing
- Event Planning Sales Teaching
- Fundraising Computer Industry Management
- Children's Education Artistic Projects
- Other: _____

Volunteer Opportunities (please check all of your interests):

- Special Events Hospitality
- Youth Programs & Sports Grant Writing
- Public Relations/Marketing Development/Fundraising
- Adult Programs Office Administration
- Other: _____

Availability (check all that apply):

- Mornings Afternoons Evenings Weekends Summer

How frequently are you able to volunteer? _____ days/month _____ hours/ week

Are there specific programs you would like to volunteer for? _____

Is there anything else you would like to tell us about yourself? _____

Thank you so much for volunteering at the APJCC! If you have any further questions, please feel free to contact us at volunteer@svjcc.org