



VOLUNTEER INITIAL FORM

Thank you for your interest in participating on our 2nd Foreclosure Prevention Fair on August 21, 2010!!

<i>Please print clearly</i>		
First Name:	Last Name:	
Address:		
City:	State:	Zip code:
Phone #:	Alternative phone #:	
Email:	Bilingual: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Desired volunteer position(s):</i>		
<input type="checkbox"/> Greeter	<input type="checkbox"/> Child Care Lead	<input type="checkbox"/> Security Lead
<input type="checkbox"/> Registration	<input type="checkbox"/> Child Care Assistant	<input type="checkbox"/> Interpreters
<input type="checkbox"/> Evaluator	<input type="checkbox"/> Volunteer Room Lead	<i>(bilingual a Must)</i>
<input type="checkbox"/> Volunteer Support	<input type="checkbox"/> Security Assistants	<input type="checkbox"/> Runner
<input type="checkbox"/> Copier Clerk	<input type="checkbox"/> Service Area Assistant	
<input type="checkbox"/> Workshop Monitor	<input type="checkbox"/> Workshop Assistant	

*Please send completed form to Carolina Frias at cfrias@mycaf.org or fax it to 202-380-9011
Volunteer Coordinator will contact you once completed form is received, Thank you!!*