



# COMMUNITY SERVICES LEAGUE VOLUNTEER INFORMATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Age (if under 18): \_\_\_\_\_

Reason for volunteering: \_\_\_\_\_  
\_\_\_\_\_

Are you completing court ordered community service? ☐ Yes ☐ No Number of hours: \_\_\_\_\_

Emergency Contact Information (person, phone #) \_\_\_\_\_

*Note: We will not share your contact information outside of CSL without your explicit permission.*

How often would you like to volunteer?

- Regularly: How many hours per week? \_\_\_\_\_
- Periodically: How many hours per month? \_\_\_\_\_
- Work on a **one-time** or short-term project: \_\_\_\_\_

Please circle any/all times you are available:

<input type="checkbox"/> Monday AM	<input type="checkbox"/> Tuesday AM	<input type="checkbox"/> Wednesday AM	<input type="checkbox"/> Thursday AM	<input type="checkbox"/> Friday AM
<input type="checkbox"/> Monday PM	<input type="checkbox"/> Tuesday PM	<input type="checkbox"/> Wednesday PM	<input type="checkbox"/> Thursday PM	<input type="checkbox"/> Friday PM

Please circle any/all areas in which you are interested in serving:

<input type="checkbox"/> Front/Info Desk	<input type="checkbox"/> Stocking/Sorting	<input type="checkbox"/> Client Intake	<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Data Entry
<input type="checkbox"/> Fork Lift	<input type="checkbox"/> Office Help	<input type="checkbox"/> Mailing	<input type="checkbox"/> Answering Phones	<input type="checkbox"/> Special Events
<input type="checkbox"/> Other Areas: _____				

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Date: \_\_\_\_\_