



VOLUNTEER INTEREST FORM

Learn more: visit www.kalamazoocan.com or call (269)552-4430

To volunteer, return the form to:

Kalamazoo CAN, 420 E. Alcott, Kalamazoo, MI 49001
Fax: (269)552-4855 info@kalamazoocan.com

Name: _____ Date: _____

Address: _____

* Please note *permanent* mailing address on back if different.

Phone Home: _____ Work: _____

Email Address: _____

Emergency contact: _____ Phone: _____

Address: _____

Are there any health factors that you want us to consider when assigning you a volunteer project? Yes No

If yes, please list: _____

Do you have your own transportation? Yes No Do you work outside the home? Yes No

Are you a student? Yes No What is your projected graduation date? _____

What was your last level of school: High School College Graduate School Other _____

Grade level, major and/or employment specialties: _____

Best time to reach you: _____

Best time for you to volunteer: _____

Volunteer time amount offered: _____ Weekly Monthly Yearly

Which of the following skills would you be willing to share with Kalamazoo CAN?

- | | |
|--|--|
| <input type="checkbox"/> # Booth Sitter | <input type="checkbox"/> # Grant: |
| <input type="checkbox"/> # Bulk Mail Preparation | <input type="checkbox"/> # Reviewing |
| <input type="checkbox"/> # Clerical Aide | <input type="checkbox"/> # Writing |
| <input type="checkbox"/> # Computer /Technology: | <input type="checkbox"/> # Information Management |
| <input type="checkbox"/> # Artwork/Graphic Design | <input type="checkbox"/> # Legislative Aide |
| <input type="checkbox"/> # Data Entry | <input type="checkbox"/> # Materials Delivery |
| <input type="checkbox"/> # Desktop Publishing | <input type="checkbox"/> # Public Relations |
| <input type="checkbox"/> # Programming | <input type="checkbox"/> # Recruitment/Networking |
| <input type="checkbox"/> # Repair | <input type="checkbox"/> # Marketing/Communications |
| <input type="checkbox"/> # Website Maintenance | <input type="checkbox"/> # Photographer |
| <input type="checkbox"/> # Conduct Trainings | <input type="checkbox"/> # Public Speaking/Presentations |
| <input type="checkbox"/> # Designing Children's Activities | <input type="checkbox"/> # Special Event Planning |
| <input type="checkbox"/> # Editing/Writing | <input type="checkbox"/> # Volunteer Coordinator |
| <input type="checkbox"/> # Fundraising | <input type="checkbox"/> #Other: _____ |

Please indicate the committees you would be willing to volunteer for/serve on:

- | | |
|--|---|
| <input type="checkbox"/> # Community Education | <input type="checkbox"/> # By Laws / Procedure Review |
| <input type="checkbox"/> # Fund Development | <input type="checkbox"/> # Speaker's Bureau |
| <input type="checkbox"/> # Board /Membership Development | <input type="checkbox"/> # Occasional Event/Project (Awards, Retreat, Etc.) |

Time Available for Committee Meetings: Weekdays Weekday Evenings Lunch Hour Weekends