



Volunteer Registration

Contact Information

Name		
Street Address		
City ST ZIP Code		
Home #:	Work #:	Cell #:
E-Mail Address		

How did you learn about C.J.'s Bus?

CJ's Bus Volunteer Friend Newsletter Website
 Employer Media Organization Other

Why do you want to help C.J.'s Bus?

Employment

Are you currently employed? Y N

Employer Name

Dates of Employment

Job Title

Availability

During which hours are you available for volunteer assignments?

Weekday mornings Weekend mornings

Weekday afternoons Weekend afternoons

Weekday evenings Weekend evenings

Yes No

If volunteering for deployment, are you available on short notice?

Interests

Tell us in which areas you are interested in volunteering

Administration Fundraising

Deployments * Newsletter Production

Events Volunteer Coordination

**Please note that if you choose deployment, you must complete the CJ's Bus disaster certification course before going on deployment.*



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Person to Notify in Case of Emergency

Name, Relationship		
Home #:	Work #:	Cell #:
E-Mail Address		

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (Print)	
Signature	
Date	