



Volunteer Application Form

Name:

Street Address:

City: _____ State: _____ Zip: _____

Phone#: _____ Date of Birth: _____

Occupation:

Company Name:

Company Address:

City: _____ State: _____ Zip: _____

Work Phone#: _____ Fax#: _____

Email:

What kind of support would you like to provide?

- Fundraising
- Clerical
- Foundation Event Staff
- In-kind Donations

When are you available to help?

- | | | | | | | |
|------------------------------|------------|-----------------------------|-----------------------------|----------|-----------------------------|-----------------------------|
| <input type="checkbox"/> Mon | from _____ | am <input type="checkbox"/> | pm <input type="checkbox"/> | to _____ | am <input type="checkbox"/> | pm <input type="checkbox"/> |
| <input type="checkbox"/> Tue | from _____ | am <input type="checkbox"/> | pm <input type="checkbox"/> | to _____ | am <input type="checkbox"/> | pm <input type="checkbox"/> |
| <input type="checkbox"/> Wed | from _____ | am <input type="checkbox"/> | pm <input type="checkbox"/> | to _____ | am <input type="checkbox"/> | pm <input type="checkbox"/> |
| <input type="checkbox"/> Thu | from _____ | am <input type="checkbox"/> | pm <input type="checkbox"/> | to _____ | am <input type="checkbox"/> | pm <input type="checkbox"/> |
| <input type="checkbox"/> Fri | from _____ | am <input type="checkbox"/> | pm <input type="checkbox"/> | to _____ | am <input type="checkbox"/> | pm <input type="checkbox"/> |
| <input type="checkbox"/> Sat | from _____ | am <input type="checkbox"/> | pm <input type="checkbox"/> | to _____ | am <input type="checkbox"/> | pm <input type="checkbox"/> |
| <input type="checkbox"/> Sun | from _____ | am <input type="checkbox"/> | pm <input type="checkbox"/> | to _____ | am <input type="checkbox"/> | pm <input type="checkbox"/> |

Why do you want to help the Celia Cruz Foundation?

How did you become interested in volunteering with the Celia Cruz Foundation?

Please complete and return this form via email to getinvolved@celiacruzfoundation.org
or return by mail to: **Celia Cruz Foundation POBox 649 Edgewater, NJ 07020**